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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Maerolease remave carban papers. Pages I and 2 should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00193		. 1	CERTI	FICATE	OF DEATH			00	19	5		
1. PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deceosed l			ce befar	e admissio	on)	
a. COUNTY Baltimore MARYLAND 0.					o. STATE Md. b. COUNTY Baltimore							
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (If ou	tside corporate li	mits, write RUR					
Rural- 1	nd give neorest town) Baltimore TITAL OR INSTITUTION (IF n	ot in hospitol, g	22 days		d. SIREET ADDRESS	undallet	own		0.	3. / e. IS RESID ON A FA	DENCE ARM?	
Ridgeway	Manor Nurs	ng Hom			3722 Offin	+ Rd				YES 🗌	NO 🗌	
3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Montl		Doy	Yeo		
(Type ar print)			rginia Bak			DEATH	Jai		3		67	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		SE (In years st birthday)	IF UNDER Months	Doys Doys	IF UNDER	R 24 HRS. Min.	
F.	White	WIDOWED	DIVORCE		0/27/1871	9	5 yrs.					
100. USUAL OCCUPATION during most of working	ON (Give kind of work dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, ar fareign	country)	12. CI	TIZEN OF	WHAT		
None	g mo, even in renired)	- 110	DOJIK?		Chesterton	m Md			U.S	.A.		
13. FATHER'S NAME												
	E. Baker				Emeline F	razier			-			
IS. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.	17. 11	IFORMANT		Addre	ss Ran	dall	stow	n	
No	(If yes give war ar dates	2	14-54-4241	T M	rs. Kathryr	ne Ranki	n-3722	Offu	tt F	ld.		
Canditions, if an rise to immedia stoting the und	y, which gave )	(b)(c)	nebro 7	Vare	war b	Acres 1	when		ON	SET AND D	HAIH	
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO TI	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)			WAS AUTO PERFORM ES	OPSY NED? NO	
OR CONTRIBUTIN	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY C	OCCURRED. (	Enter nature af injury in	Port I or Port II o	of item 18.)					
된 Hour d	JURY Month, Day, Yeor J.m. 19	20d. If While at work			E OF INJURY (Home, form ry, street, affice bldg., etc.)		fy or town)	· (Co	unty)	(	(State)	
	tify that (I) (this ho deceased alive an	spital) otten			death accurred at	966 , to 5	om causes			at (I) ( e stoted		
22a. SIGNATUR	willing	oglin	,70	M.D		MED. DIRECTOR	STAFF PHYS.	22b. D.	ATE SIGN	ED 6	γ.	
22c. PHYSICIAN NAME (Typ		Goodman			1334 Suppl	hur Spri	ng Rd.	2122	7			
23o. BURIAL, CREMAT REMOVAL (Speci	non, 23b. DATE TH	IERENF	23c. NAME OF CEM		•		ON (City or Tov	'	(County		itote)	
24. FUNERAL DIRECT	Byers-8728	Liberty	ADDRESS		2Sa REC'I	BY REGISTRAR	25b. RET	SISTRAR'S S			das	

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director. Page Sr your files. TO DEPUTY \*\* DICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please exect. It is certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the indirector. Page 4 should be and a reded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transition penalt. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removar, and in any event within 72 hours after death.

VR A15ME 5M 1/62

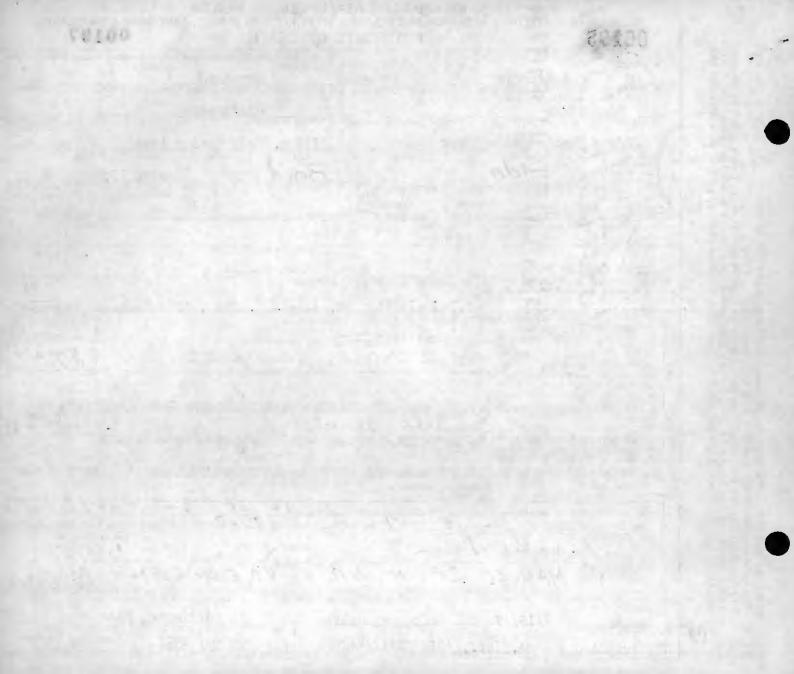
## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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. PLACE OF DEATH			2. USUAL RESIDENCE		Married Control of the Control of th	n: Residenc	e before admission)
Baltimor		MARTHAND	Marvla		b. COUNTY	Balti	more
b. CITY OR TOWN (if outside corporate RURAL and give nearest)		LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporete li	mits, write RURAL		
Dundalk	,		Dunda	l le		1	31
d. NAME OF HOSPITAL OR INSTIT	TUTION (it not in hospitel,	give street eddress)	d. STREET ADDRESS	LK.			e. IS RESIDENCE
14 Amman	ship Read		14 4	- arralid m			YES NO
3. NAME OF	First	Middle	Last	rewship	Month	Day	Year
(Type or print) Anna	Re	becca	Baldwin	OF DEATH	January	_	1967
5. SEX   6. COLOR C	OR RACE 7. MARRIED	NEVER MARRIED 1 8	B. DATE OF BIRTH		(In years   IF UND		IF UNDER 24 HRS.
Female White			ay 22, 1888	last_l	Byrs. Month	Deys	Hours Min.
1De. USUAL OCCUPATION (Give kind done during most of working life, ever	d of work	OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State	or foreign country)	12,	CITIZEN OF	WHAT COUNTRY?
Housewife			Maryland			U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAMÉ		2	
Albert Rose			Annie Ros	E <del>C</del>			
15. WAS DECEASED EVER IN U.S. ARI	MED FORCES?   16. SOC	IAL SECURITY NO. 17.			Address		
No.	4	G	eerge W. Bald	dwin 1	4 Arrows	hip R	ead
18. CAUSE OF DEATH [Enter	only one cause poline fo	or (e), (b), end (c).)				INTE	RVAL BETWEEN
PART 1. DEATH WAS CAUSE IMMEDIATE CA		mary 0	Clusin	9		ONS	SET AND DEATH
421	DUE TO		-1 -0	4 . / .			
Conditions, if any, which	the	heilen	+ A-8-	C-1/-1	1.S. O.A.	۔ اص	
geve rise to immediate cause	(b) V	2000 i	, ,,		210 010		
(e), stating the underlying	DUE TO //						
cause last.	(c)						
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	JIING TO DEATH BUT NO	DI KELATED TO THE TERMIN	IAL DISEASE CONDI	TION GIVEN IN PA	ART 1(a), 19	PERFORMEDA
3		No				Y	ES NO
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE H	OW INJURY OCCURED H	inter self re of injury in Pert	I or Part II of itam II	8.)		1
			CE OF INIURY (Home, ferm,	20f. (City or fow	(n) (t	County)	(State)
Hour e.m.	While at work	Not While fect	bry, straet, office bldg., atc.)	1			
21. I certify that I look cl	17		old an Autopsy .	Inspection X	Inquiry X.	and i	in my opinion
death resulted from: Na	tural causes 🗶.	Accident . Suic			nined manner		
m	) _	*	CHIEF MEDICAL E	_	- Indistrict		
ACTUAL ///	ATI ATIM	/	ACCIETANT MEMI			Di	TE SIGNED
SIGNATURE I	10 WILL		M.D.	_		54	DIGILL
EXAMINER'S Melvir	a B. Davis,	M. D.	6800 Marni		d,	Jan	. 3, 1967
228. BURIAL, CREMATION, 226. DA	TE THEREOF 22c.	NAME OF CEMETERY OF	THE RESERVE THE PARTY OF THE PA	22d. LOCATION (C		itry)	(State)
Burial 1/6/	/67	Leuden Park	Cometery	Baltimon	re, Md.		
23. FUNERAL DIRECTOR		ADDRESS	24e. REC'	D BY REGISTRAR   2	46. REGISTRAR	SIGNATUI	RE
Ullrich Funer	ral Home, Du	ndalk. Md.	DATE	AN 5 19	67 JUL	mila	University of
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30140 M. - MRY20 m 31 \* 1 fam Standard. Willespan I If The Agreement of Cased whenled . 3775 (ST toll) -321 Spinis, land of themen I plubial . second Joseph Comm + A-5-C-V-DISTAND TORK IT HILLS Sitted 1/6/47 and the last to the first laters, Mr. of the district bearing and deleter

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Maruland papers. Pages 1 in 72 hours after Baltimore the MARYLANO by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore Pikesville E d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 ON A FARM? Milkord Manor Nursing Home 818 W. Cold YES NO Spring etely DATE carbon NAME OF Middle DECEASED event, DEATH 19 comple (Type or print) anuaru OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIEO remove last birthday) | Months | Oays Hours and WIDOWED DIVORCED Fornalo 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician a ermit. Then please re on, or removal, and in 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) Ë COUNTRY? during most of working life, even if retired) INOUSTRY USA Home lousewike certificati 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME Anna Tucker Jacob Caplan 17. IMFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address trannit permit. (Yes, no, or unknwn) (If yes give war or dates of service) death Mr. Albert Fidolity Building 220-05-1222A the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH al-transit this certificate has been signed by detached for use as the burial-transic e Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: weeks PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) arterioalertie Hours Discoso **OUE TO** Conditions, If any, which gave rise to immediate OUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? malletie NO Y YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While retained by at work at work p.m. Z that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2/2 M. frem the causes and on the date stated above. 196 saw the deceased alive on 22b. 22a. SIGNATURE) TO FUNERAL DIRE director, page 3 should be filed v ATTENOING PHYS. MEO. M.O. 4 may FUNERAL D PHYSICIAN'S ADORESS 22c. NAME (Type) (State) LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Maruland etimore. Baltingre Hebrew REGISTRAR'S SIGNATURE PUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. 6010 Reisterstown Sol Levinson & Bros. Inc., VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



1 (8)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00198	3 /
HEALTH DEPT.	1 PLACE OF DEATH 0. COUNTY BALTING BE MARYLAND 2 USUAL RESIDENCE (Where deceased ived if institution Residence before a STATE MARYLAND b COUNTY BALTING	admission)
delay s and 3 to M3 Page tment of er deoth.	b CHY OR TOWN (if autside carparate imits   C LENGTH OF STAY IN 1b   C CTY OR TOWN (If autside carparate imits write RURAL and give nearest with except and give nearest tawn)	tawn)
Phy Phy office of the	ARBUTUS  d NAME OF HOSPITAL OR ASTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e	S RESIDENCE ON A FARM?
_ 25 @ 25 _	3 NAME OF First Middle ast 14 DATE Month Day	
ofter deat 8. Give Pa along with with the St within 72	DECEASED (Type or print) ANNA MARGARET BARNETTE DEATH JANUARY 21	19 <b>6 7</b> IF UNDER 24 HRS
	WIDOWED DIVORCED \$ 5/8/1915 Sout perhaps Days	Haurs Min
24 hours ofter death in tree 18. Give Page e 7 offie along with f ges Land 2 with the Stat any event within 72 h	100 USUAL OCCUPATION (Give kind of work done during most of working life even fretwed)  NONG. WARD BUSINESS OR  1 BIRTHPLACE (State or foreign country)  12 CIZEN OF BUSINESS OR  NONG. WARD BALTING RE  (GUNTRY)	WHAT
within 24 pencil in cominel 3 cominel 3 le pages ind in any	PETER LUX  14 MOTHER'S MA DEN NAME  NARGARET HOFMAN	
-p ⊆ û · F 8	S WAS DECEASED EVER IN U.S. ARMED PORCES?  (Yes, no, or unknown) (If yes give wor or dates of service)	06000 DIA
ate should be executed the word "pending" do the Chief Medical a buriot-tronsit permit cremation, or removal,	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))	T AND DEATH
should be en word "per or the Chief" buriot-tronsit mation, or re	MMEDIATE CAUSE (a) CANCER OF THE ABDOMEN	Jean .
vertficate should writing the word rwarded to the Character as a buriot-tro	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO	
certificate , writing th orwarded to used as a b buriof, cren	last (c)	VAS ATTORY
This certificate, writificate, writificate, writificate forwar be used as to burio	AE2	VAS AUTOPSY PERFORMED?
INER: This e e certificate, should be fo files. 3 should be u as int, prior to b		
<b>UIY MESTAL EXAMINER:</b> Try, please execute the certificater of director Page 4 should be retained for your files. <b>RAL DIRECTOR:</b> Page 3 should or its designated agent, prior	20c TIME OF th JRY Marth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Mame, form, factory, street, office bldg, etc.) 20f (City or town) (County)	(Stote)
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please of director retained of the contractor of	ACTUAL OF CHIEF MED CAL EXAMINER	. DATE SIGNED
DEPUTY MESTAL EXAM esessary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR; Page ealth or its designated age	SIGNATURE STANDARD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	י אוני אוני
ro DEPUTY MESSA necessary, pleose ex the funerol director 5 may be retained to FUNERAL DIRECTO Health or its design	230 BUR.AL CREMATION, 23b PATE THEREOP 23c NAME OF CEMETERY OF CREMATIONY 23d LOCATION (City or Town) (County)	(State)
THE PROPERTY OF THE PROPERTY O	REMOVAL (Specify) 1/24/67 Focasion Control Caracter Baltmain Mondes  24. FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SEGNATURE	201
VR A15ME (5)	Combine Tro 1328 Sulphun Gorones Ref. DATE JAN 23 1967 formables	anage.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death afficienting physician and campletely filled in by the funeral powers. Pages 1 and on papers, and in any event, within 72 haurs after degle PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission COUNTY o. COUNTY o. STATE Baltimore Maryland Kent MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give nearest town)
Owings Mills 13 yrs. Rock Hall e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Rosewood State Hospital Hawthorne Road YES NO S Middle 4 DATE OF 3 NAME OF First Last Manth Day Year DECEASED Jay BATCHELOR Samuel 67 (Type or print) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED \* last birthday) Months Dovs Hours Male White WIDOWFD DIVORCED 10-24-47 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? Kent Co. Maryland
14. MOTHER'S MAIDEN NAME Dependent TI-S.A. none 13. FATHER'S NAME Helen Frances Elbourn William Herbert Batchelor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service Rosewood Records, Owings Mills, Maryland no none ENTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) TO EN LU C DEATH PART I DEATH WAS CAUSED BY: burial-transi IMMEDIATE CAUSE (a) MENTAL RETARDATION (EPILE DSY) Conditions, if any, which gave rise to immediate cause (a), DHE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? 05 NO [ jo 20a. ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Not While factory, street, affice blda., etc.) 1-13 21. I certify that (2) (this hospital) attended the deceased from\_ 10-20 , 19<u>53</u> , ta , 19.67, that 🗯 (we) last 19 67, and that death occurred at 8: 30eM, from causes and on the date stated above. saw the dereased alive on 22b. DATE SIGNED 22n SIGNATURE MED. DIRECTOR 1-13-67 M D. PHYS. director, page shauld be filed 22d. ADDRESS 226 PHYSICIAN'S NAME (Type Rosewood St. Hosp., Owings Mills, Md Harry G. Butler. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BURIAL CREMATION 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE



* Colore		DIVISION OF STATISTICAL RESEARCH AND RECORDS  OF 10 10 10 10 10 10 10 10 10 10 10 10 10	5, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
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affe on a	1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residen	nce before admission)
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를 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다		b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give	
4 Y # 4		write RURAL and give nearest town)		* * *
12年		Reisterstown   65 years	Reisterstown	<u> </u>
S SQ S	1111	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d STREET ADDRESS	e. IS RÉSIDENCE ON A FARM?
\$ . 5	111	16 Bond Avenue	16 Bond Avenue	YES NO
Pers et 2		3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey	Yeer
of de de		(Type or print) Flavilla Harrison	Battle DEATH January 22	, 1967
axe Fig.			. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR	
\$ Poes			last birthday)	Hours Min.
The second secon		Female   Negro   WIDOWED   DIVORCED	Jen.5, 1902   65 yrs.   Months   Deys	
ica ciar ove		dona during most of working life, even if retired)		OF WHAT COUNTRY?
ysi ya		Domestic Housework	Reisterstown, Md. U.S	.A.
2 4		13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	-
Die die	)	Louis Harrison	Elsie Waters	
P P P	0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. E	INFORMANT Addiess	
다 Hangle		(Yas, no, or unkown) (If yes give war or deles of service) 212-32-1840	Mr. Charles Battle Baistanat	ve.
hat hat		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) )	Mr. Charles Battle Reisterst	ownMd.
rein y		PART I. DEATH WAS CAUSED BY:	0	NSET AND DEATH
F 15 B 2		IMMEDIATE CAUSE (*) Pulmonary Eder	ma e	2 hrs.
S de Pisio		7xx1 DUE TO		
P L S L		Conditions, if eny, which \ (b) Arteriosclerotic	c C.V. Disease	years
e la indi indi isl-		gave rise to immediate cause		_
きない		(a), steting the undarlying causa last.		
P P B P P P P P P P P P P P P P P P P P		(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).	19. WAS AUTOPSY
tal tal	9	[2]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
O S P	75		<u> </u>	YES NO W
54 8 J. F		200. ACCIDENT WAS UNDERLYING   DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of Item 18.)	
宏吉경공투		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
교환투통			CE OF INJURY (Home, farm, 2Df. (City or town) (County)	(State)
A Paris		Hour a.m. While Not While	ory, street, office bldg., etc.)	
Nis a s		21. I certify that (I) (this hospital) attended the deceased from	Sont 0 10 F2 Ton 22 1067	a . (1) ( ) 1 .
E E C S				
1 2 2 2 2 E		saw the deceased alive onJan.e. 196.7 and that	death occurred at LUAM, from the causes and on the da	
£ 22		220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
14. W. E		Martin E. Strobel M	D PHYS. DIRECTOR PHYS.	1-23-6
AT SE SE	3	22c, PHYSICIAN'S	22d. ADDRESS	
Pa NEI	1	NAME (Type) Martin E. Strobel, M.D.	48 Main St.Reisterstown,	Maryland
04 5 6 E	1	238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY		(Slata)
C C C C C C C C C C C C C C C C C C C	N	Rurial 1/25/67   St. Luke's	Cemetery   Reisterstown, Mc	d.
H H	0.00	24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE
VR A1S (		A second	11s, Md DATE JAN 24 1967 Johnson	Judes.
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MARYLAND STATE DEPARTMENT OF HEALTH

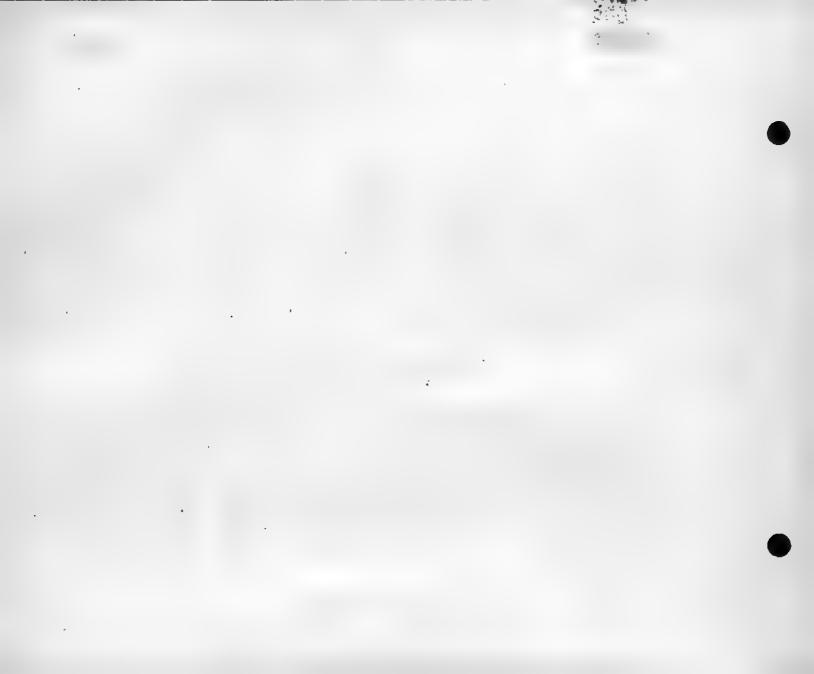




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00200 CERTIFICATE OF DEATH 00202 be executed within 24 haurs after death. and completely filled in by the funeral remave carbon papers. Pages I and 3 in any event, within 72 haurs after deaill 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Baltimore a. COUNTY Baltimore Maryland MARYLAND b CTY OR TOWN (If outside corporate mits write RURAL and give nearest town) CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 21.234 Baltimore Towson B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 2897 Willoughly Road St. Joseph Hospital YES 🗍 NO 🛣 3 NAME OF First Middle Inst DATE Day Year DECEASED (Type or print) 21 67 Beck Jan. 19 Charles DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8 DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last buthday) Months Days Haurs 12-1-125-95. White WIDOWED X Male DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT 10o USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired Clerk Cont. Can Co. USA Maryland requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry L. Beck Sophia Hoffman 17 INFORMANT Address 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. (Yes, no, acunknown) (If yes give war ar dates of service) 215-05-1726 Mrs. Naomi Riggleman (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Myocardial Infarction IMMEDIATE CAUSE (a)\_\_\_\_ signed by Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave nse ta immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use CERTIFICATION NO X Chronic Myelogenous Leukemia 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part It or Part It of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) at work 21. I certify that (1)/(this haspital) attended the deceased fram\_ Jan. 14 1967 to Jan. 21 . 19 67 that (1) (we) last Jan. 21, 1967, and that death accurred at 12:05M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING 21,1907 M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S York Road- Towson 21204, Md. M.D. 7620 NAME (Type) Elmo M. Cayoso 23b DATE THEREOF 1/24/67. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23g. BURIAL CREMATION. REMOVAL (Specify)
Burial Moreland Memorial Cemetery Baltimore. Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00203 cian and completely filled in by the funeral lease remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. ficate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 write RURAL and give nearest town) Overlea Tuel Ov rIca d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Clenmore Avenue #36 Glenmore Avenue #36 YES NO-F 4 DATE OF DEATH 3. NAME OF Middle Year DECEASED Becker (Type or print) David 19 IF UNDER 1 YEAR IF EINDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED DIVORCED 12-27-1530 "hite 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY Cas Mectric Co Daltimore, "arvland Ret. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, Mar r Jane losley Edmund Pecker 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service rs Edith Walters 7515 Kenlea Avenue 36 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. bullin IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying couse as the has been State Dept. af Health priar to PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USB NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stote) 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (County) foctory, street, office bldg , etc.) Hour o.m. Not While of work ot work FUNERAL DIRECTOR: After 21. I certify: that (1) (this haspital) attended the deceased fram 10 121 director, page 3 shauld shauld be filed with the M, fram causes and an the date stated above saw the deceased alive an , and that death accurred at\_ 226. PATE SIGNED 220. SIGNATURE MED. STAFF A PHYS. ATTENDING M.D PHYS 22d. ADDRESS 22c/PHYSICIAN'S GOODMAN NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) Itimora Jametery \_9\_1947 altimore 25o. REC'D BY REGISTRAR 2SE. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY 24 hours after Baltimore Maryland Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lease remove carbon papers. Pag and in any event, within 72 hours Ξ Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Greenview Terrace NO X Greenview Terrace YES \_ completely i within NAME OF Middle Last DATE Month DECEASED DF DEATH (Type or print) 19 67 Bruice Beeler 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and 6-13-1918 WIDOWED DIVORCED [77] yrs. 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR physician en please r 11. BIRT HPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Teacher School Gilman Delaware removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tending a lit. Ther Dr. Bruce H. Beeler Eleanor R. Graves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Mrs.F.G Westfield burial creating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OGPARA IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the I DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO I YES [ 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1965 to Sixuary, 1967, that (1) (we) last DIRECTOR: /
age 3 should
iled with the 29 1966, and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on Receiber 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v MED. DIRECTOR ATTENDING O HOSPITAL PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Gaines Myrton York BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1.-12--67 Kenneth Square Burial FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Sons VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00205 and 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral PLACE OF DEATH a STATE Md. a. COUNTY **b** COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If autside carparate imits E LENGTH OF STAY IN 15 c CITY OR TOWN (If autside camarate limits, write RURAL and give negrest town) papers, ry write RURAL and give nearest town) 30 Baltimore 21207 Baltimore 21207 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE = ON A FARM? 3114 Rolling Road campletely filled YES NO [ 3. NAME OF First Middle 1.ast 4 DATE Manth Day Year DECEASED DEATH even), (Type ar print) Hattie Bennett Lena Jan 9 AGE (In years JE LINDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED last birthday) Months Days hours gny WIDOWED DIVORCED 7/19/1895 White 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? physician ( during most of working life, even if retired) INDUSTRY Housewife South Carolina U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sally Odam James Peale IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) No Lawrence H. Calhoun-3114 Rolling Rd. 2120 None INTERVAL BETWEEN TB CAUSE OF DEATH (Enter only one cause per line for (s), (b) and (c)). DNSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY spoflety - Starfe IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause this certificate has been the priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use YES T NO IZ 20g, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bidg., etc.) Hour a.m. Nat While at wark at work TO FUNERAL DIRECTOR: After Page 4 may be retained by 1967, that (I)\_(we) las 21. I certify that (1) (this hospital) oftended the deceased from Aver 7, and that death accurred of 3/15 A. from causes and on the date stated above saw the deceosed alive on. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING M.D. DIRECTOR PHYS. page 3 be filed 22d. ADDRESS O HOSPITAL PHYSICIAN'S 8204 Liberty Road-Balt. 21207 NAME (Type) Br. Edwin Pierpont directar, shavld b 23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Finksburg Md 1967 Evergreen Memorial 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Loring Byers Liberty Rd. Randall stown 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and death PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a\_CQUNTY b. 00UNTY s. Pages 1 hours after MO MARYLAND b. CTIY OR TOWN (if outside corporate limits, write RURAL and give nearest town) OR TOWN of outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY 2 WSON .⊑ papers. Jin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE DN A FARM? NO K YES lease remove carbon prant and in any event, within executed within completely 3. NAME OF Middle DATE DF First Last Month Day Year DECEASED (Type or print) 0 DEATH 196 1501 6. CDLOR OR RACE | 7. MARRIEO 5. SEX 8. OATE OF BIRTH ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months I Days | Hours | Min. NEVER MARRIEO and WIDOWED 😿 OJVORCED 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please e INDUSTRY COUNTRY2 removal, FATHER'S NAME MOTHER'S MAIDEN NAME 14. PHYSICIAN: The law requires that the death cert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 17. been signed by the atten the burial-transit permit. In to burial, cremation, or (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND CEATH PART I, DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which rise to immediate as the l DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 19. After this certificate h I be detached for use State Dept. of Health p use for use Health PERFORMED? the hospital or NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part I) of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME DF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bldg., etc.] Hour a.m. After While Not While TR ATTENDING p.m. 19 at work at work DIRECTOR: Af age 3 should I liled with the S retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at & SM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SICNED d) page ATTENDING PHYS. OIRECTOR | M.D. Page 4 may O HOSPITAL PHYSICIAN'S FUNERAL 22¢. 22d. ADDRESS NAME (Type) director, 6 | pinous BURIAL, CREMATION, 23b. OATE THEREOF 2∂c. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1113 TIGN REC'O BY RECISTRAR! RECISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25a. 25b. VR A15 (4) DATE 20 M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. deoth puo signed by the attending physicion and completely filled in by the funeral burial-transit permit. The people ose remove carbon papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. r LENGTH OF STAY IN 16 autside carparate emits, write RURAL and give negrest tawn) write RURAL and give nearest town) TUNS V. 1 en please remove carbon papers d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET AODRESS e IS RESIDENCE ON A FARM? YES V NO NAME OF Middle DATE First 4 Month Day DECEASED OF (Type or print) DEATH S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** last birthday) Months Haurs WIDOWED **OIVORCEO** 10g JSUAL OCCUPATION (Give kind of work done T0b KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT NDUSTRY during most of work no life, even if retired) COUNTRY? 13 FATHER NAME 14. MOTHER'S MAIDEN remi WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address W, NON (Yes, na, ar unknown) (If yes give war ar dates of service) cremation. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), INTERVAL BETWEEN (b). buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a physicion. DUE TO buriol. Conditions, if any, which gave NEU MONIE rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate hos been 3 should be detached for use as the with the State Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION 2 NO C ONIC 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (Stota) Hour a.m. Not While factory, street, office blda., etc.) ATTENDING at work 191-7, 10 2]. I certify that (1) (this haspital) attended the deceased fram 19 6 7, that (I) (we) last and that death accurred at 2:22M, fram causes and an the date stated above. 1967 saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNEO **ATTENDING** M.D. DIRECTOR PHYS PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF LOCATION (City or Town) 230. BURIAL, CREMATION DATE THEREOI (County) REMOVAL (Specify) . 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI ADDRESS FUNERAL DIRECTOR

VR A15 (4) 1 20 M 1/66 3



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FOR STATEM		CERTIFICATE OF DEATH 00208
HEALTH DEPT.	1 PLACE OF DEATH  • COUNTY BALTIMORE MARYLANO	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a STATE Maryland b (QUNTY)
delay is and 3 to AM3. Page	b CITY OR TOWN (if ourside corporate hmits, write RURAL and give nearest town)  The state of the stay in the stay of the stay in the stay in the stay of the stay	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
≥	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
rth If ages 1 in farm in farm	202 E. Seminary Avenue	202 E. Seminary Avenue YES NO C
r dec ve Po wit the S	DECEASED (Type or print) MARGARET ADELE	BIRD OF January 1, 19 67
s ofter death If at 18. Give Pages 1, 2 along with farm 2 with the State Depth.	Female   6 COLOR OR RACE   7 MARRIED     NEVER MARRIED	8 DATE OF BIRTH 9 AGE (n years instituted of the state of
	100 USUA. OCCUPATION (Give kind of work done during most of working use even if refired)  HOUSEWITE  10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or foreign country)  Okalona, Ark  U.S.A.
within 24 pencil in xanuaer's xanuaer's haurs aff	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Example Fig. policy	J.E.Cooper  IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Velma Young INFORMANT Address
cuted ng ' l dical rmit.	(Yes no or unknown) (If yes nive wor or dotes of service)	Carroll Bird, Lutherville, Md.
This certificate should be executed within 24 incote, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examuer's to be used as a burial-transit permit. File pages remayal, and in any event within 72 haurs after	18 CAUSE OF OEATH (Enter on y one couse per line for (o), (b), ond (c)) PART I. OEATH WAS CAUSED BY.  322. O DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c)  Institute of the inderlying couse (c) (c)	INTERVAL BETWEEN ONSET AND GEATH
this certificate, writer ld be farward uild be used a ar remayal, a	PART II OTHER S GNIFICANT CONDITIONS CONTR BUTING TO GEATH BUT NOT RELATED TO  200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH	THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED? YES X NO
* ~ ~ <u>~</u> _	(Enter nature of injury in Port I or Port I of Item 18.)  ACE OF INJURY (Home, form, 20f (City or town) (County) (State)	
	p.m. 19 of work of work	ctory, street, office b dg , etc )
_ = = = = = = = = = = = = = = = = = = =	21. I certify that I taak charge of the remains described abave, h death resulted fram. Natural causes ☒, Accident ☐, Su	eld a <u>n Autapsy (X.)</u> , Inspection (, Inquiry (, and in my apinio icide (, Hamicide (, Undetermined manner ( CHIEF MEDICAL EXAMINER (
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	ACTUAL SIGNATURE  EXAMINER'S Charles S. Springate, M.D.	M D ASSISTANT MEDICAL EXAMINER X
TO DE neces the f 5 md 10 FU	230 BURIAL, (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF Dulaney Va	CREMATORY 23d LOCATION (City or Town) (County) (State) alley Cockeysville, Md.
VR A 15ME (5)	24 FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson, Towson, Md.	250 REC'D BY REGISTRAR 19676 REOISTRAR SIGNATURE JUNE DATE JAN 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CER 00209 hours after death, traperal 1m 1. PLACE OF DEATH deal USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If cutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag nin 72 hours PRISON D LTO <u>.</u> e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS event, within 72 NO DSING YES completely NAME OF DATE Month 3. albhiM 4. Day Year Last DECEASED Evans DEATH 19 % (Type or print) 16c AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8, DATE OF BIRTH 7. MARRIED NEVER MARRIED and WIDOWED DIVORCED Then plan 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Da. USUAL DCCUPATION (Give kind of work done) INDUSTRY during most of working life, even if retired) COUNTRY? and Baltimore, Md. Home Housewife removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgeanna Berry George Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Georgeanna Carberry, 5960 Daywalt Ave. 220-44-8147 INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH signed by invited transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHLVS the hospital or attending physician. DUE TO Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating certificate has be-thed for use as the pt. of Health prior to underlying cause last. (c) 19. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES | DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING should be detached it the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. J FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State Not While be retained by at work at work ATTENDING 1966 to 19 6 7. that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1. and that death occurred at 3:45PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. Page 4 may I M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) au. 1 USON LOCATION (City, town boco 23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery BURIAL, CREMATION. DATE THEREOF Co. 2 REMOVAL (Specify) Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** emmens 4611 Park Heights Av. Balto. Md VR A15 (4) 15M 4-64



		Divisio	on of STATISTIC		MARYLAND STA ARCH AND RECOR				MORE, MARY!	LAND 2120	)1
2 - 2 - 1	002	08			CERTIFI	CATE	OF DEATH	l	- 1	0021	n
burial transit permit. Then please remove carban papers. Pages I and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death.	PLACE OF o. COUNTY	DEATH	Baltim	ore	MARYE	AND	o STATE	Œ (Where deceos	F (UII)	NTY	ne ARondel
	write R	URAL and give hi			LENGTH OF STAY IN	l Ib		autside corpara	te limits, write RUI		nearest town)
58	d NAME O	St.J	oseph Ho	in hospito, g <b>spital</b>	ive street address)		d. STREET ADDRESS	430 W.	Shipley	Road	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED		First		Middle	733	Lost	4. DATE OF	Mon		Doy Year
	S SEX	6. COL			C.  NEVER MARRIED  DIVORCED	8	nenberg DATE OF BIRTH 2-15-13	DEATH 9	Janua AGE (In years lost birthdoy) 53 yrs.	IF UNDER 1	17th 1967 YEAR IF UNDER 24 HRS. Doys Hours Min.
	during most of	CUPATION (Give k working life, ever memaker	of retired)	10b KI	NO OF BUSINESS OR DUSTRY	١١٥	11. BIRTHPLACE (Co			12 CITU COU LUS	ZEN OF WHAT NTRY?
	13. FATHER S	NAME	O. Clar		AL ALVANO		14. MOTHER'S MAIL				4
	15 WAS DECE (Yes, no, or un	ASED EVER IN U.S. known)   (If yes g		lé. Service)	O-01-0178		FORMANT		Addre		Same as
	18 CAU	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I DEATH WAS CAUSED BY									INTERVAL BETWEEN ONSET AND DEATH
	Condition	501	MMEDIATE CAUSE (o DUE TO		te appendi						
	rise to in	nmediate couse ne underlying c	(o), ( pur 7/		ce appendi	CTCIS					
,	PART II		NT CONDITIONS CO	TRIBUTING T	O DEATH BUT NOT RELA			CONDITION GIVE	N IN PART I(o)		19. WAS ALTOPSY PERFORMED?
/	₩ 200 ACC	TILA CUE DENT WAS UNDER RIBUTING CAUS	LYING 🗆	nic gl	cene furence de senso	<b>hriti</b> CURRED (E	S nter noture of injur	y in Port I or Por	t II of item 18.)		AES 🛣 NO 🗌
		, NOTIFY MEDICAL	. EXAMINER)	204 IV	JURY OCCURRED	20a PLACE	OF INJURY (Home,	form, 20f.	(City or town)	{Cour	nty) (Stote)
	WED .	Hour o.m.	19	While	Not While	foctor	y, street, office bldg.	, etc.)			
	21.	I certify that	t 🗱 (this haspi	ital) attanc	ded the deconsed t	fram	death accurred	19 0 / 1 0111:50	oppean. I	ond on the	✓, that ⋈ (we) last e date stated abave.
	22o. Si		~~~ O		\ want	M.D	ATTENDING PHYS.	MED	STAFF.	22b. DAT	re signed ary 18, 1967
/	22c. PH	YSICIAN'S ME (Type) Lat			nik, M.D.		22d. ADDRESS		Baltimon		
	230 BURIAL, REMOVA	CREMATION, L(Specify) T12I	23b. DATE THER		23c. NAME OF CEMEN				CATION (City or To		County) (Stote)
1	24 FUNERAL		Jan, 21	Sing	letoMarsune	eral	Home 25o.	REC'D BY REGIST!	RAR 2Sb. RI	11 色、 M EGISTRAR'S SIG	NATTIRE
7	Eug a	ne Od	Coming	Gle	n Burnie.	Md.	DATE	JAN 19	1967	1	1



2	1			DIVISIO	N OF STATIS				PARTMENT , 301 W. PRES			IMORE 1, N	IARYLAND	
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	after death. The Tuneral ges 1 and 2 after death.		1.	PLACE OF DEATH a. COUNTY	BALTIM	ORE		MARYLANO	2. USUAL RESI		re deceased lived, YLAND b.	If institution: R COUNTY	esidence before ac	dmission)
	in by the Pages			write RUBAL	N (if outside corp and give nearest	town)	c. LENGTH OF	STAY IN 1b	c. CITY OR TOW	N (If outside		ts, write RURAL	end give neares	st town)
	executed within 24 hours and completely filled in by remove carbon papers. Pag in any event, within 72 hours		GH	d. NAME OF HOS CENTER	BATIA	UTION (if not in	hospital, give str	CTR ·	d. STREET AOOR 933	7 .	OMBAR	270	e. IS RES DN A F YES	IOENCE FARM? ND 1
	executed within and completely remove carbon gramman and event, with			NAME DF DECEASED (Type or print)		First	40	n THA	BOLTON	0	EATH J	Month		67
	xecuter and cor e≡ove any ev			SEX T	6. COLOR OR RA	WIOOWE	010	ORCED	9 - 13 -	03	163 y	rrs.	Qays Hours	
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	death certificate be ex ne attending obysician a permit. The please re tion, or removal, and in			JACOB	KOWAL				14. MOTHER'S	MAIOEN NAN -Y/CA	Kowi	+LEWS	KI	
	eath co		15. (Ye:	WAS OECEASED E	VER IN U.S. ARME (If yes give war or da	O FORCES? 1	6. SOCIAL SECURI 20 -24-2		ROTHY U	NITHRO	m 191	Address 44 W. Li BALTO	MBARD.	\$7.
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	NG PHY by the fter thi be deti State D		MEDICAL	Hour a.m		Day, Year   20d.   Whi   19   at w	INJURY OCCURR  Not While ork at work	EO 20e. PLAG	CE OF INJURY (Hon ry, street, office blo	ne, farm, 20 ig., etc.)	Of. (City or tov	wn) (Col	inty) (S	State)
	etained etained STOR: A should ith the			saw the det	eased alive in	hospital) atter	nded the deceas		death occurred	at 4 P N			7, that (I) (v he date stated ATE SIGNEO	
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burbal-transhould be filed with the State Dept. of Health prior to burial, cre	1		-22c. PHYSICIA NAME (P)	M.A.	- Hore	d.GO	NGON	ATTENDING PHYS.	MEO. OIRECTO	or Staff PHYS.	med.	- 30 -6 Contr	7_
	TO HOS Page TO FUN direct	_	23a	BURIAL, CREM REMOVAL (SDB	ATION, 23b. Di	ATE THEREOF	23c. NAME	OF CEMETERY	OR CREMATORY	23d	LDCATION (C	ity, town or co	inty) (Si	tate)
	VR AI5 (4)	1	24.		Owa	~ 880	AOORES	Wolling	At DATE		REGISTRAR 25	b. REGISTRAR	'S SIGNATURE	10:
	20M 1/65		_					2.3,1	ud'					

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\$ 1. I	Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
	00210 CERTIFICATI	OF DEATH	00212
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and death and the State Dept. at Health priar to burial, cremation, arregingly, and in any event, within 72 hours after death	PLACE OF DEATH  O. COUNTY  BALTIMORE  MARYLAND	o. STATE MARYLAND	eosed lived, if institution, Residence before admission) b. COUNTY WICOMICO
in certificate be executed within 24 hours after dearing physician and completely filled in by the funeration please remove carban papers. Pages I and emoval, and in any event, within 72 hours after dear	b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town)  FORT HOWARD  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	SALTSBURY  d STREET ADDRESS	erate limits, write RURAL and give nearest town)  8 IS RESIDENCE ON A FARM?
filled i paper thin 72	VETERANS ADMINISTRATION HOSPITAL		ISION STREET  ON A FARM?  YES NO I
ecuted withi completely f ove carban y event, with	3 NAME OF First Middle DECEASED (Type or print)  LEONARD		TH JANUARY 27 1967
ond compremove in any ever		8 DATE OF BIRTH JULY 15, 1891	9. AGE ( n yeors lost buthday) Months Days Hours Min
ertificate be physician or men please r	100 US_ALOCCUPATION (Give kind of work done during most of working life, even if retired)  WATERMAN  100 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, of PRINCESS ANNE,	I COUNTRY?
g phys	13 FATHER'S NAME  EMORY BOZMAN	14. MOTHER S MAIDEN NAME  ANNIE	
at the death ce the attending the nsit permit. The mation, are gang	(Yes, no, or Linkhown) (If yes give wor or dotes of service) 220 10 95 04 CI	INICAL RECORDS	VA HOSPITAL FORT HOWARD, MARYLAND
equires that the d physician. signed by the att burial-transit perr burial, cremation,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA		INTERVAL BETWEEN RECENTAND DEATH
equires that the physician. signed by the burial-transit burial.	Conditions, if ony, which gove (a), (b) MYOCARDIAL INFAR	CTION	RECENT & OLD
aw required been si the but to	stating the underlying couse (c) ARTERIOSCIEROSIS		
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O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-traishould be filed with the State Dept. af Health priar ta burial, cre	BENIGN PROSTATIC HYPERTROPHY. DIABET  200 ACCIDENT WAS UNDERLYING DO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 18.}
VG PHY The hor or this of defact	Hour o.m.  19 While Not While of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	
TENDIN ined by OR: Affe Suid be the Sto	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an JAN, 27 19.67, and the	1AY 3 , 19 <u>66</u> t death occurred at <u>810</u>	, ta_ <b>JAN_27</b> , 19 <mark>67</mark> , that <b>(//)</b> (we) last <b>(M)</b> , from couses ond on the dote stoted obove.
OR AT OR AT ORECTO	22a. SIGNATURE Jeunge Sudas, M		22b. DATE SIGNED 1/30/67
PITAL may ERAL I	22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS, M. D.		OWARD, MARYLAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	230. BURIAL CREMATION, REMOVAL ISOCAL 23b. DATE THERFOF 23c. NAME OF CEMETERY OR BALT'IMORE I	IATIONAL	LOCATION (Crty or Town) (County) (Stote)  BALTIMORE, MARYLAND
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR  ZANNINO FUNERAL  257 S. CONKLINE	HOME 250 REC BY REG	Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death campletely filled in by the funeral gave carbon papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE BALTIMORE ve carban papers. Pages 1 event, within 72 haurs after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits, Write RURAL and give and give negrest tawn) 8L DAYS TAIRET. e. IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) VETERANS ADMINISTRATION HOSPITAL ROUTE 2. BOX 2A YES 🔲 NO DE 3 NAME OF Middle Last 4. DATE Manth Year First Day DECEASED 19 67 TIMER THOMAS BROWN JANUARY 27 (Type or print) DEATH S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last pirthday) Hours 1892 WHITE DIVORCED SEPTEMBER MATE WIDOWED 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) U.S.A. during most of working the, even if retired) INDUSTRY LAUREL, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELIZABETH SMITH BENJAMIN BROWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT VA HOSPITAL (Yes, no, ar unknown) (If yes give wor or dates of service) 219 05 FORT HOWARD, MARYLAND YES CLINICAL RECORDS burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit WIE KS DEATH PART 1. DEATH WAS CAUSED BY BILATERAL BRONCHOPNEUMONIA IMMEDIATE CAUSE (a). signed by DUF TO Conditions, if any, which gave (b) CARCINOMA OF STOMACH UNKNOWN rise to immediate cause (a), DUE TO stoting the underlying cause be retained by the haspital ar attending this certificate has been prior to for use as the 19 WAS AUTOPSY PERFORMED? PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) CERTIFICATION with the State Dept. of Health RECENT MYOCARDIAL INFARCTION NO IX 20¢. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m Nat While at wark 21. 1 certify that (1) (this haspital) attended the deceased fram NOV 1, 19.66, ta JAN. 27, 19.67 that (1) (we) last sow the deceased alive an JAN. 27 19.67, and that death occurred of 51.5PM, from causes and an the date stated above. 19 66, ta JAN 27, 19 67 that // (we) last should 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS Y 1-27-67 M.D. DIRECTOR PHYS. page 3 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND ZUI-SUN TAO. M.D directar, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) LAUREL MARYLAND ST MARY'S CEMETERY 2Sb. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR **ADDRESS** DONALDSON MARYLAND TALBOT AVENUE. DATE

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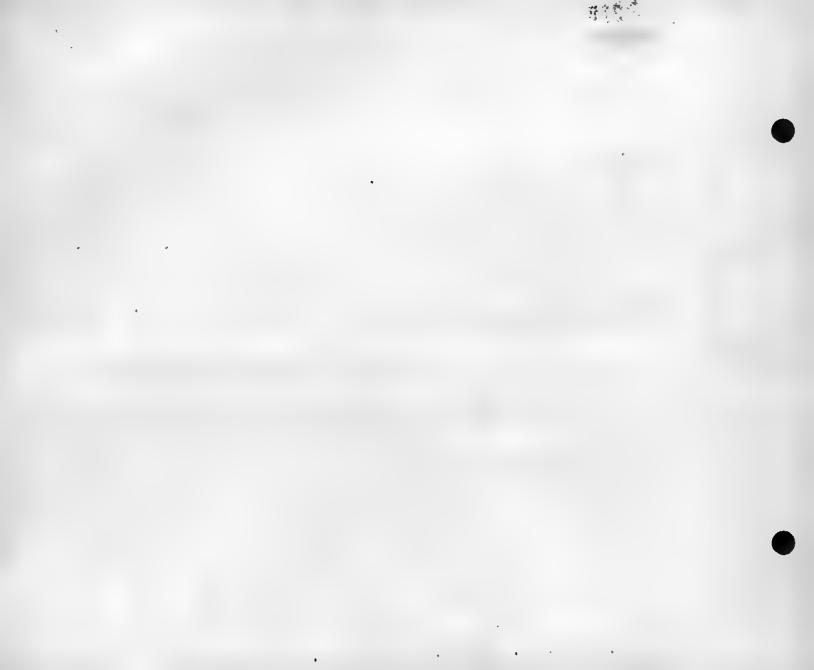
MARYLAND STATE DEPARTMENT OF HEALTH Division GraphisTiCal RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00212 00214 CERTIFICATE OF DEATH e be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, it institution, Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Baltimore Balto. MARYLAND haurs after c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 16 Reisterstown lease remave carban papers. and in any event, within 72 ho d STREET ADDRESS e IS RESIDENCE ON A FARM? and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 101 Butler Road 101 Butler Road YES NO K 3 NAME OF FIEST Middle Last 4. DATE Month Day Year DECEASED OF DEATH Elwood Eugene Brown January 19 67 (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last pirthday) Months Davs Haurs Male White WIDOWED DIVORCED Dec. 7, 1931 10a USUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY INDUSTRY Machine Operator Hampstead, Md. Heav y 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, or remaval, Havern Brown Wiona Martin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death permit. (Yes, na, or unknown) (If yes give war or dates of service) 212-30-5954 Mrs. Mary A. Brown Reisterstown, Md. Wes Korean INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (g (a), (b), and (c))
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause fo FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT FICATION NO M 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20d INJURY OCCURRED factory, street, affice bldg, etc.) Haur a.m. Not While While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from Markente, 19 (de, to Markente 25 19 67 that (1) (we) last >5 19 6 7, and that death accurred at P: 25 AM, from causes and an the date stated above saw the deceased alive an DATE SIGNED 22a. SIBNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 22d ADDRESS PHYSICIAN'S 1190 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) 23g BURIAL CREMATION. (County) Burial (Specify) 1/28/67 Mt. Zion Cemetert Baltimore Co. Md. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 J. F. Eline & Sons 244 Reisterstown, Md.



	- DIVISION OF STATISTIC		AND STATE DEL CH AND RECORDS			ALTIMORE	1 MARYLAND
٧.	00213		CERTIFICAT				00215
	a. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENT			on: Residence before admission)
	b. CITY OR TOWN (If outside corpora write RURAL and give nearest toy	te limits,	LENGTH OF STAY IN 1b				URAL and give nearest town)
-	d. Name of Hospital or Institution		liket when about addings)	Parkvi	11e		, in projection
۱	7803 Old Harfo			d. STREET ADDRESS 7803 01d	Harford	road	0. IS RESIDENCE ON A FARM? YES NO
Post	DECEASED	Irst	Middle	Last	4. DATE OF DEATH	Month	Day Year
-	(Type or print)  SEX   6. COLOR OR RACE	GINIA	BRUCK	8. DATE OF BIRTH		Jan 30	O 1967 NDER 1 YEAR   IF UNDER 24 HRS
	E W	7. MARRIED WIDDWED	DIVDRCED [	June 9 19	10 56	yrs. Mon	ths Days Hours Min.
1 d	Da. USUAL OCCUPATION (Give kind of work uring most of working life, even if retire	done 10b. KIN	O OF BUSINESS OR USTRY	11. BIRTHPLACE (C		eign country) 1	COUNTRY?
-	at home 3. FATHER'S NAME			North Cal	rolin#a		USA
ľ	Carroll Clar	- L		Myrtle			
_	15. WAS DECEASED EVER IN U.S. ARMED FO	ORCES?   16. SC	CIAL SECURITY NO.   17.	INFORMANT		Address	
ľ	Yes, no, or unkown) (If yes give war or dates	of service)	0-44-6648	Family Red	rords		
=	18. CAUSE OF BEATH [Enter only or	e cause per line			<u> </u>		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) C	arcinoma lu	ab			PNSET AND PEATH MON this
	DUE DUE	то					
ı	Conditions, if any, which gave rise to immediate	(b)					
l	cause (a), stating the DUE underlying cause last.	(c)					
200		ONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION	N GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED?
TAAT							YES ND
MOLTATION	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMI	TH NER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I o	r Part II of Ite	m 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a.m.	Year   20d. INJ	JRY OCCURRED   20e. PLA facto	CE OF INJURY (Home, farry, street, office bldg., e	arm, 20f. (City o	or town)	(County) (State)
M		at work L	_ at work		.65 . 1	-301	6711 1 10 1 2 1 1
	21. I certify that (I) (this hos saw the deceased alive on	pital) attended 12-30-		death occurred at			19 67that (I) (we) las on the date stated above
l	22a. SIGNATURE	NX				221	b. DATE SIGNED
l	E Ellewo	74 0	The M.D		MED. ST DIRECTOR PH	TAFF DI-	31-67-
l	22c. PHYSICIAN'S NAME (Type)		n	22d. ADDRESS	1	A	
=	I E Ellsworth L	THEREOF	. U . 23c. NAME OF CEMETERY			Ave. On (City, town o	or county) (State)
2	REMOVAL (Specify)		Moreland Me		Balto		Md.
-	Burial 2/2/1 24. FUNERAL DIRECTOR	0/	ADDRESS	25a. RE	C'D BY REGISTRAR		TRAR'S SIGNATURE
	C.F. EVANS & SON	8802 Ha	rford road	DATE	FEB 2	1967 /	Li rango Cuda
(=							0 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00216 CERTIFICATE OF DEATH 3 The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Themsolease remave carban papers. Pages 1 and 5 burial, cremation, or refrigues, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Baltimore o. STATE
Maryland **b.** COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Baltimore - 21224 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO -St. Joseph Hospital 7 Ellwood Avenue 3 NAME OF Middle DATE DECEASED (Type or print) January 19 67 Frederick Buettner DEATH S. SEX AGE ( n years IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Days Haurs Male White July 17, 1889 DIVORCED 11 BIRTHPLACE (County & State, or foreign country) KIND OF BUSINESS OR INDUSTRY Retired: 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? Building Superintendent Baltimore. Md. 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Frederick Buettner Lara? 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noter unknown) (If yes give wor ar dates af service) Mrs. Lillian Buettner 7 N. Ellwood Ave 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Generalized Peritouitis DUE TO Canditians, if any, which gave Perforation of Adenocarcinoma of / Sigmoid Colon rise to immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use YES Z NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) detached f te Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that 10 (this haspital) attended the deceased fram January 12, 1967, toJanuary 15, 1967, that 40 (we) last saw the deceased alive an January 15, 1967, and that death occurred at 3:25 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR STAFF PHYS. January 15, 1967 M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Reynaldo Oriuela-Gomez. 7620 York Road, Towson 4, Md. directar, should b 23c. NAME OF CEMETERY OR CREMATORY OF PER PROPERTY 23d LOCATION (City or Town) 23b DATE THEREOF (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland Dacred Heart of 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles Moran, Inc.



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0021 00217 be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) signed by the attending physikán and campletely filled in by the funeral burial-transit permit. Then please remave carban popers. Pages 1 and burial, crematian, ar remaval, and in any event, within 72 haursafter, deat PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Paltimore MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Lowson 3mas. Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM YES NO Towson Bursing Home 3. NAME OF Middle 4 DATE Doy Yeor DECEASED OF Marie Burgerding (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Months f'emale MIDOWED DIVORCED 8-26-1897 12. CITIZEN OF WHAT 10a USUAL OCCL PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? -ouse, rife The law requires that the death certificate Paltimore Parvland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Fredrick L. Frey Pauline C 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates of service) 27 3 1 7 325 -Ts -arguerite hess 8839 ashford INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), PART I DEATH WAS CAUSED BY ONSET AND DEATH castru Intestina IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove nse ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) HO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Nat While factory, street, office bldg., etc.) of work at wark 21. I certify that (I) (this-hospital) attended the deceased fram\_\_\_\_ June 1965 to Jan \_, 19 62, that (I) (we) las saw the deceased alive an Jaz 21 19 C7, and that death accurred at 770 AM, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING -24.67 DIRECTOR M.D. PHYS. 22d. ADDRESS G8U/BClary Rd 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specity) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 1-26-1967 time Conctory 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00216 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death deoth and 2. USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) and completely filled in by the funeral remove corbon papers. Pages 1 and 1 PLACE OF DEATH o COUNTY o. STATE Maryland Baltimore MARY! AND b. CITY DR TOWN (If autside carporate limits, write RURAL and give necest town)

Caton SVIII. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi hin 72 hours c Baltimore 10mth 22dvs d. NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1h21 Hill Street STAT E HOSPITAL SPRING GROVE YES 🔲 ND CX 3. NAME OF First Middle 4. DATE Year DECEASED (Type or print) January 6 67 Marv Cadden Louise 19 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours July 19, 1910 whi.te WIDOWED TO female DIVORCED 10a USUAL DCCUPATION (Give kind of work done 10b KIND DE BUSINESS DR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Office during most of working life, even if retired) COUNTRY? Maryland housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy buriol-transit permit. Then Carrie George Walfer Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service STATE HOSPITAL 212-01-9953 SPRING GROVE Records: O INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY Gramia IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove Pyelonephritis, chronic rise to immediate cause (a), DUE TO tor use as the l Health prior to b stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been Diabetes Mellitus, poorly controlled 20 WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X 20a ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY DECURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year foctory, street, office bldg, etc.) Not While of work Jan. o 2). I certify that (14 (this hospital) attended the deceased fram Feb. 11 1967 , and that death accurred at M. from couses and on the date stated above. sow the deceased alive an Jan. 22g. SIGNATURE 22b. DATE SIGNED 1-6-67 GROVE STATE HOSPITAL 22d ADDRESS SPRUNG 22c. PHYSICIAN'S NAME (Type) Baltimo re. Maryland 21228 tothony Young director, should 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1 10 1967 Balto. Md. Loudon Park ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Mc Cully 130 E. Fort Age 196 DATE ! A N



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00219 00217 requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY and completely filled in by the fur remave carban papers. Pages 1 in any event, within 72 haurs after MARYLAND c CITY OR TOWN (If aufside corporate limits, write RURA), and give nearest rown) b CTTY OR TOWN (If gutside corporate imits. C LENGTH OF STAY IN 15 write RURAL and give negrest town) PUTAL - MONKY PritAL-MONKTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Monkton Rd., Near Old York Rd. Monkton Rd .. NO DO 3 NAME OF Middle 4 DATE First Day Year DECEASED (Type or print) DEATH -S SEX 6 COLOR OR RACE 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthdov) Months 23, 1903 WIDOWED DIVORCED 106 KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? FARMER EMPLOYED 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME PETERS burial-transit permit. Therburial, crematan, ar remay 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar ta has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPS! PERFORMED? CERTIFICATION State Dept. of Health NO [ O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year Hour a m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (i) (this hospital) attended the deceased from. 1927, ta 1/2/67, 19\_, that (I) (we) last , and that death occurred at A FM, from causes and on the date stated obove. saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE MED DIRECTOR STAFF PHYS. M D director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S V AXXJOU NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town 23o. BURIAL, CREMATION, DATE THEREOF ST. JAMES CEMETER ADDRESS 250, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Ochange DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00218 CERTIFICATE OF DEATH 00220 executed within 24 hours after death. death completely filled in by the funeral ove corbon papers. Pages I and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) o. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND . P MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give negrest town oon papers. Pag within 72 haurs 56 DAYS BALTIMORE FORT HOWARD d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 3026 BAKER STREET YES NO W NAME OF First Last 4. DATE Month Year DECEASED (Type or print) ROBERT WALTER CARRINGTON 5 v JANUARY 67 19 AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED 21 birthday) Months Hours FEBRUARY 28. MATE NEGRO WIDOWED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be INDUSTRY BALTIMORE, MARYLAND Stock boy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN CARRINGTON AMIE PEGRAM 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. VA HOSPTPAL (Yes no or unknown) (If yes give wor or dotes of service) 211 38 60 61 FORT HOWARD. MARYLAND CLINICAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: BILATERAL LOBAR PNEUMONIA MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove use to immediate couse (a). DUE TO stoting the underlying couse this certificate has been ₽ MULTIPLE SCLEROSIS YEARS lost. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ور 200 ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. ot work O FUNERAL DIRECTOR: After 19\_66 to\_JAN\_5 21. I certify that 1/1) (this haspital) attended the deceased from NOV 10 19.67, that () (we) last be retoined 1967, and that death occurred at 91.54 M, from causes and on the date stated above. sow the deceased alive on JAN 5 22b. DATE SIGNED 1/6/67 22o. SIGNATURE MED. DIRECTOR STAFF ATTENDING M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, should 230. BURIAL, CREMATION, PEMOVAL (Specity) BURIAL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 1-10-67 BALTIMORE. NATIONAL BALTIMORE. MARYLAND 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 CHARLES R. LAW FUNERAL HOME 802 MADISON AVENUE, BALPIMORE,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00219 CERTIFICATE OF DEATH 00221 executed within 24 haurs after death. death USUAL RESIDENCE (Where deceosed fived, if institution Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 hours after deat 1. PLACE OF DEATH BALTIMORE a. COUNTY o. STATEMARYLAND **b.** COUNTY MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 8 DAYS BALTIMORE FORT HOWARD IS RESIDENCE ON A FARM2 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 128 E. BARNEY STREET VETERANS ADMINISTRATION HOSPITAL YES 3 NAME OF First Middle lost 4 DATE Month Doy Year OF DEATH DECEASED CATLETT 67 **LAWRENCE** JANUARY 23 L 19 (Type or print) IF UNDER S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED (pstopirthday) Months Dovs Hours 3/28/18 MALE WHITE WIDOWED DIVORCED KIND OF BUSINESS OR 11 8IRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b COUNTRY? U.S.A. during most of working life, even if retired) please pup physician BAITIMORE, MARYIAND SOLDIER requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, en CLARENCE CATLETT ELLEN CHILDRESS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or Jinknown) (If yes give war or doles of service) 6 216 01 86 97 CLIN.RECORDS. VA HOSPITAL. FT HOWARD. MD. cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit CAUSED BY HAMEDIATE CAUSE (0) RIGHT LOWER LOBE PNEUMONIA, UNDETERMINED ORGANISM ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO 2 signed HEPATIC FAILURE Conditions, if only, which gove rise ta immediate cause (a). DUE TO > stating the underlying couse has been the LAENNEC'S CIRRHOSIS lost. 80 19. WAS AUTOPSY PEREDRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) HEART DISEASE, CHRONIC ALCOHOLISM, CHR. PANCREATITIS YES A NO ARTERIOSCLEROTIC TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar far 20o, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED (City or town) 2Dc. TIME OF INJURY Month, Doy, Year loctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (4) (this hospital) attended the deceased from 1/15/67 saw the deceased glive on 1/23/67 19 and that death ac 19\_\_\_, that \( \mathbb{4} \) (we) last and that death accurred at 12:10 PM rom causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 1/23/67 Q.M DIRECTOR filed 22d. ADDRESS 22c PHYSICIAN'S Page 4 may NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) directar, shauld 23d LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BALTIMORE NATIONAL BALTIMORE. MARYLAND 27 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b REGISTRAR S S GNATURE

FORT AVE. BALTIMORE DANS

1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00220 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after deoth dere completely filled in by the funeral tove corbon popers. Poges 1 ond? 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY MARY, AND CITY DR TOWN (If outside corporate limits. c. LENGTH DE STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town Yrc. e. IS RESIDENCE DN A FARM? popers d. NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 YES NO DO NAME OF DATE Day Year Lost Fifst DECEASED OF DEATH 0-1967 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6 COLDR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove lost birthday) Doys Months Hours WIDOWED DIVORCED 100 \_SUAL OCCUPATION (Give kind of work done during most of working life, quen if refued) 12. CITIZEN OF WHAT 10b K NO OF BUSINESS-OF 11 BIRTHPLACE (County & State, or foreign country) pleose OrAGE MOTHER'S MAIDEN 3 FATHER S NAME 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address signed by the attendi (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO IETASTASIS GA Conditions, if ony, which gove rise to Immediate couse (a), **DUE TO** tor use os the k fHealth prior to b stating the underlying couse ottending O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🔲 NO CERTIFICATI 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While be retoined by 2-27-19 66 to 21. I certify that (1) (this hospital) attended the deceased fram. and that death accurred at 4 , AM, fram couses and on the date stated above - 196/ sow the deceased olive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** -10-67 M.D. PHYS DIRECTOR PHYS. director, page should be filed ADDRESS 22d 22c PHYSICIAN'S 629 RTC TI NAME (Type) 17 p ploods 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Lorraine Park Wood **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00223 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY a STATE 6 COUNTY LTIMORE 5 death MARYLAND c LENGTH OF STAY IN 1h (If autside corporate imits write RURAL and give nearest tawn) TMORE INSTITUTION ( I not in base to, a ve street address) d STREET ADDRESS hours aminer's Office along with form ON A FARM? NO 24 hours ofter d≣oth 3 NAME OF 4 DATE Year within 72 DECEASED **OF** (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED lost birthday) Davs Haurs WIDOWED DIVORCED event land2 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most af warking life, even if retired) duy within 13 FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO be executed or removal, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS (AUSED BY
IMMEDIATE CAUSE (a)

CEREBRO-V INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (c) This certificate should burial, cremation, forwarded to the CEREBRO- UNSCHUAR DISEASE Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? NO ogent, pr.or to 20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) CAUSE OF DEATH MED CAL 20c T ME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) factory, street, affice blda., etc.) Hour o.m. Not While at wark Health or its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion ξ the funeral director. death resulted from Natural couses Accident . Suicide . Homicide Undetermined monner may be retained 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) 0 25a. REC D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore by the f Pages 1 urs after hours after Marvland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page nin 72 hours a Balti more Towson .드 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Dulaney Towson Nursing Home, 111 est Rd Keswick Road NO 🅰 YES withi npletely carbon p executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED event, ar and comple a remove carl in one event, (Type or print) MAR CHENONITH DEATH 19 67 January 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED last birthday) Months | Days Hours Female White 9\_7/\_7880 WIDOWED 🏋 DIVORCED ermit. Then pleases for, or removal, and in-10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Housewi fe Warrenton. Virginia UJA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander M. Edwards Mary Catherine Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) 3725 Delverne John A. Chenowith. INTERVAL BETWEEN CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).] that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: EREBRO- UASCULAR ACCIDENT ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. MINUTES IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROSIS CEPEBRAL Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the 5 underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT No | YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) After this certifine be detached for State Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While After 19 at work at work p.m. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the Z. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 66, and that death occurred at 1/300 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED O HOSPITAL OR Page 4 may be STAFF M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S 22c. 22d. **ADDRESS** NAME (Type) Donald L. Somerville Pennsylvania Ave.. Towson 2120 BURIAL, CREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF REMOVAL (Soecify) Woodlawn. Balto, Co. Burial Lorraine Park Cemeterv r.d Jan REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 25a. Walls Hd. 196 Morres Balto. Md. uneral VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages Y 0 b. CITY OR TOWN (if outside corporate kimits, c. L'ENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours write RURAL and give nearest town) eston and completely filled in remove carbon papers. I days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? ND 1 YES executed within NAME OF Middle DATE Month Day DECEASED (Type or print) 2 19 DEATH SEX COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS KEKER MARRIED TX 8. 9. 1896 last birthday) any Months WIDOWED lease re and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) g physician ě COUNTRY? death certificate or removal. 13. FATHER'S NAME 14. MOTHER'S attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or it (Yes, no, or unkown) | (If yes give war or dates of service) 219-14-3750 No 18. CAUSE OF DEATH [Enter only one cause De line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES | 20a. ACCIOENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 19.67. that (I) (we) last 21. I certify that (I) Ithis hospital) attended the deceased from and that death occurred at LOSPM, from the causes and on the date stated above. saw the deceased alive on. SIGNATORE 22b. DATE SIGNED ATTENDING PHYS. STAFF DIRECTOR 22c. PHYSICIAN'S 22d. **AOORESS** director, p NAME (Type) 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23a. REMOVAL (Soecify)
Burial Federalsburg, Maryland Jan. 25, 1967 Crest Cemetery **FUNERAL DIRECTOR** ADDRESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Chowe Transflow 196 VR A15 (4) DATE 1/65 Federalsburg, Maryland

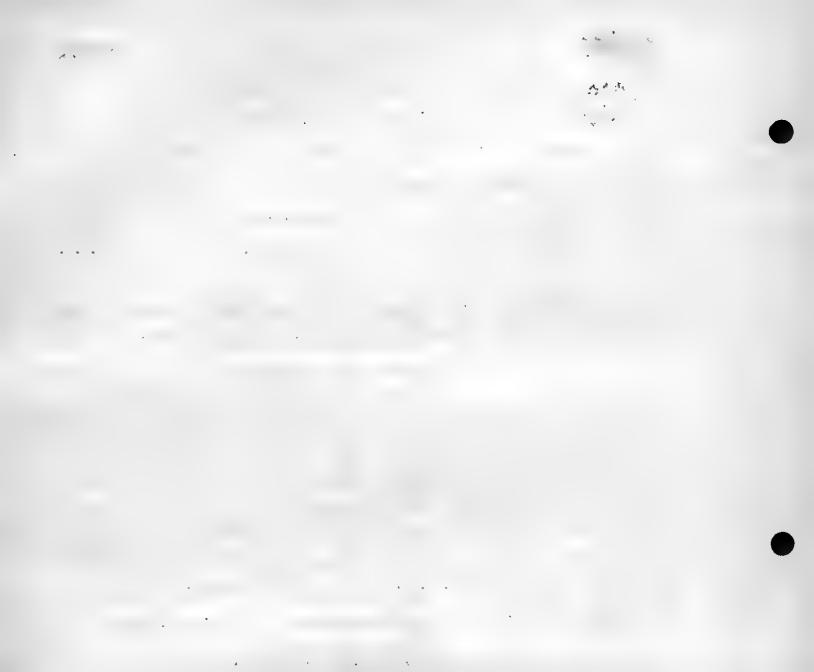
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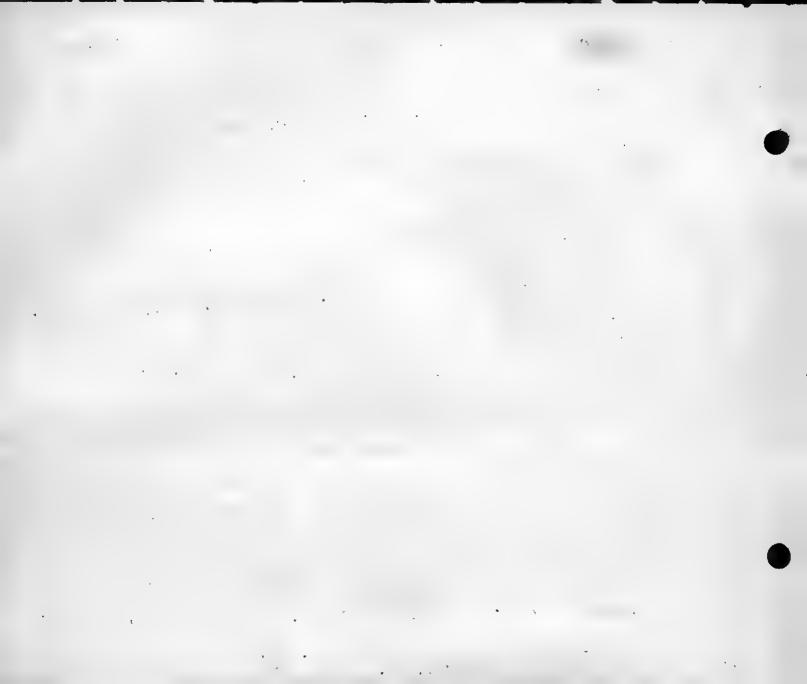
22

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00225 Ind2 defith 24 haurs after deoth. and completely filled in by the funeral remove carbon papers. Pages 1 Independency event, within 72 haurs after defait 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH a COUNTY **b** COUNTY MARYTAND BALTIMORE MARYLAND b CITY OR TOWN (If autside carparate mits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest fawn) write RURAL and give nearest tawn) 28 DAYS BALTIMORE FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES 🗀 NO X JEFFERIES STREET requires that the death certificate be executed within 3. NAME OF Middle First Last 4 DATE Month Doy Year DECEASED (Type or print) CLARKE DEATH JANUARY VERNON ROBERT 1967 S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE ( n years last birthday) 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths Days Haurs DIVORCED MALE JUNE 24. 1908 WHITE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? INDUSTRY ILS A BATTIMORE MARYTAND

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 217 07 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I DEATH WAS CAUSED BY MINTESATH HEMMORHAGE FROM ESOPHAGEAL TRACHEA FISTULA IMMEDIATE CAUSE (a) DUE TO buriol Canditians, if any, which gave CARCINOMA OF UPPER ESOPHAGUS UNKNOWN rise to immediate couse (o), DUE TO stating the underlying couse os the the hospital or attending Page 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) of Health p CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, office bldg., etc.) Not While at wark at work 19 66 to JAN 4 2). I certify that (1) (this haspital) attended the deceased fram\_ DEC 7 19 07 that (1) (we) last should saw the deceased alive an JANoli 19 67, and that death accurred at 800P M, fram causes and an the date stated above. 22b. DATE, SIGNED 1/5/67 22a SIGNATURI ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) MILTON GINSBERG. VAH FORT HOWARD, MARYLAND D. 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION. (County) REMOVAL (Specify) 1/9/67 BALTIMORE ANATIONAL BALTIMORE. MARYLAND BURTAT 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. RECD BY REGISTRAR VR A15 (4) 20 M 1/66 CULLY FUNERAL HOME FORT AVENUE, BALTIMORE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death, PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 7.2 a. STATE b. COUNTY MARKETER CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town C. LENGTH OF STAY IN 1b lease remove carbon papers. Pag and in any event, within 72 hours and completely filled in al d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street IS RESIDENCE ON A FARM? θ. No X executed within NAME OF Middle OATE Day Year DECEASEO ŌF (Type or print) N.MN DEATH 5 1967 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 9. 7. MARRIED NEVER MARRIED [ last birthday) Months Davs Hours WICOWEO X DIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please rehould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired) COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) | (If yes give war or dates of service) 400 Murdock Rd. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which acu (b) gave rise to Immediate DUE TO cause (a), stating 40sali underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES T NO 🕽 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by ATTENDING p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from January to James 1967 24 196 and that death occurred at 9.104M, from the causes and on the date stated above. Januar saw the deceased alive on 22a. SIGNATURE DATE SIGNED director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. Page 4 may TO HOSPITAL 22c. PHYSICIAN'S 22d. AOORESS . ROQUE NAME (Type) 21204 23a. BURIAL, CREMATION, 23b. , DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BIREMOVAL (Specify) Cathedral Baltimore. Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home 6500 York Rd. VR A15 (4) 100 20M 1/65

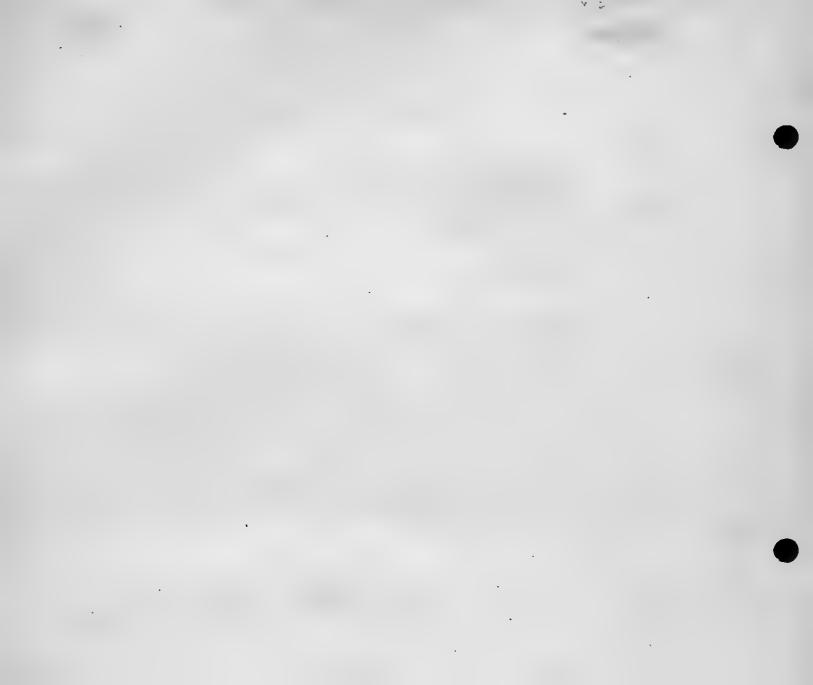


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00227 CERTIFICATE OF DEATH 00229 the attending physicion and completely filled in by the funeral sit permit. They please remove carbon papers. Pages 1 and 2 nation, or remay any on any event, within 72 haurs after dealth. requires that the death certificate be executed within 24 hours after deatl 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY Baltimore o. COUNTY Baltimore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore, 21234 Baltimore d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 8219 Wilson Ave. St. Joseph Hospital YES NO K 3 NAME OF Middle Lost 4. DATE Month DECEASED (Type or print) 1967 Colwell В. 13 Jan. Vaslan DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9 AGE (In years **NEVER MARRIED** Sost birthdoy) 4/30/15 Male White WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) C. & P. Tel. Co. COUNTRY? USA Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Joseph B. Colwell Bessie G. Lent 16 SOCIAL SECURITY NO. 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attendin burial-transit permit. (Yes, The Grunknown) (If yes giverygrandors of service) 216-91-6917 Mrs. Valeria G. Thomas (Same) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary thrombosis, acute. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The tow re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Severe arteriosclerosis of coronary arteries 2) pulmonary edema YES X NO Į. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 2Do ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 21. I certify that (\* (this hospital) attended the deceased fram Jan. 13 saw the deceased alive an Jan. 13 1967, and that death accurred at 9:30PM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M January 14,1967 M.D. 22d, ADDRESS 22c PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Road. Baltimore, Md.21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) EMOVAL (Specify) 1/17/67. Parkwood Cemetery Baltimore. Md. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR Leonard J. Ruck. Inc. Balto. Md. 21214



1-	00228 CERTIFICATE OF DEATH
1	PLACE OF DEATH  • COUNTY  Datting C MARYLAND  2. USUAL RESIDENCE [Where decessed lived, if institution: Rasidance before adm  b. COUNTY  b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  Caterest 17/11  Sincertly  Latterest
<u>-</u> -	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Tokest Haven Mussery Horse 1218 Schweder St. YES N
	NAME OF DECEASED (Type or print)  First O Middle Lost 4. DATE Month Dey Yeer OF DEATH Jun 196
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF FIRTH  9. AGE (In years   SF UNDER & YEAR   IF UNDER 24    11   Months Days   Hours    12   Months Days   Hours    13   Months Days   Hours    14   Months Days   Hours    15   Months Days   Hours    16   Months Days   Hours    17   Months Days   Hours    18   Months Days   Hours    19   Months Days   Hours    10   Months Days   Hours    10   Months Days   Hours    11   Months Days   Hours    12   Months Days   Hours    13   Months Days   Hours    14   Months Days   Hours    15   Months Days   Hours    16   Months Days   Hours    17   Months Days   Hours    18   Months Days   Hours    19   Months Days   Hours    10   Months Days   Hours    10   Months Days   Hours    11   Months Days   Hours    12   Months Days   Hours    13   Months Days   Hours    14   Months Days   Hours    15   Months Days   Hours    16   Months Days    17   Months Days    18   Months Days    18   Months Days    18   Months Days    19   Months Days    19   Months Days    10   Months Days    10   Months Days    10   Months Days    10   Months Days    11   Months Days    12   Months Days    13   Months Days    14   Months Days    15   Months Days    16   Months Days    17   Months Days    18   Months
16	10b. USUAL OCCUPATION (Give kind of work done during most of working hile, even if ratired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. A.
1	13. FATHER'S NAME  *Unknown  Unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyasgivewerordetesofservice)  (Yes, no, or unknown) (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordetesofservice)  (Yes, no, or unknown)  (Ifyasgivewerordetesofservice)  (Ifyasgivewerordeteso
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (11) PULLIFICACION EN INTERNATION ONSET AND DES
	Conditions, if any, which gave rise to immediate cause DUE TO  DUE TO  Conditions, if any, which gave rise to immediate cause DUE TO  DUE TO
2	couse lest. (c) MINTOFF? MICLIFE DULMINHEY EMPH/88HM
CERTIFICATION	PERFORM YES N  YES N  YES N  Zoe ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of Itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 120f. (City or town) (County) (St. Hour a.m. While Not While at work at work 19
	21. I certify that (I) (this kospital) attended the deceased from
	22e SIGNATURE)  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   22b.
	22c. PHYSICIAN'S NAME (Type) ) Cha H-SIAGU STULL STHINWSOWALL. A-1/12 x. W.S.
2	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (5/5/1)  Burial 550/ Delkerich (Cre
2	Lether & Capitan Lafer Dice. Holling St. Date JAN A 1987 Quincel O
1	23 14d.

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00229 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) in by the funeral ers. Pages 1 and 2 72 haurs after death? PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Towsonx BALTIMORE ebse remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Towson c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? the attending physician and campletely filled is permit. The please remave carban paper St. Joseph Hospital. 7620 York Rd. #2120# 8418 Belair Road YES NO SE 3 NAME OF Middle 4. DATE First Lost Year DECEASED SISTER M. OCTAVIA CONROY 1967 (Type or print) DEATH Jan. F UNDER 1 YEAR | IF JNDER 24 HRS. 5 SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED Female White lost birthdovi Months Doys Hours 8-15-1887 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)

Teacher INDUSTRY Religious COUNTRY? Philadelphia. Penna. U.S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal Joseph Conroy Mary Kearney 16 SOCIAL SECURITY NO 17 INFORMANT Address IS WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, go, or unknown) (If yes give wor or dotes of service) Sister Catherine Rita (Same) cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Myocardial infarction, acute. IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if only, which gove Arteriosclerotic heart disease. rise to immediate couse (o), **DUE TO** stoting the underlying couse as the priar ta O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health p NO E Coronary thrombosis, right. 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (I) (the shore tell) attended the deceased from 12-27-66, 19, to 1-19, 19, 67 that (I) (we) last sow the deceased glive on 1-19-67, 19, and that death occurred at 4:35pM, from causes and an the date stated above \_, 19\_67 that (I) (we) last sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING PHYS. 1-19-67 M.D PHYS. abon 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Arturo Pidlaoan, M.D. 7620 York Rd., Baltimore, Md. 21204 23c NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery 23b. DATE THEREOF 1/23/67. 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVA (Specify) Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 25o. REC'D BY REGISTRAR Charles VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00230 CERTIFICATE OF DEATH 00232 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY COUNTY o. STATE BALTIMORE BALTIMORE MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give necrest tawn) b. CITY OR TOWN (If autside carparate limits, FORT HOWARI give nearest town) BALTIMORE - Dundalk 32 DAYS d STREET ADDRESS e IS RESIDENC d. NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 8053 DELHAVEN ROAD VETERANS ADMINISTRATION HOSPITAL NO X 4. DATE 3 NAME OF Middle First Year Day DECEASED JANUARY 31 1967 FRED COOPER Sr. DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Months WIDOWED DIVORCED MAY 17. 1894 MALE WHENTE 12 CITIZEN OF WHAT IDa USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during most of warking life, even if retired) Coal Co. please Retired. Watchman COUNTY, KENTUCKY II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARABELLE ROBERTS ALFRED F. COOPER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unknown) If It yes give war or dates of service 401 28 91 63 CLIN. REC. VAH. FT. HOWARD. MARYLAND YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH CARCINOMA OF LIVER IMMEDIATE CAUSE (o) 1561 DHE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse be retained by the haspital ar attending as the this certificate has been last. 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ARTERIOSCIEROTIC HEART DISEASE BRONCHOPNEUMONIA. NO far 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20p. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. at wark O FUNERAL DIRECTOR: After 2). I certify that M (this haspital) attended the deceased fram Dec. 30 1966 , to Jan. 31 . 19 67 that 10 (we) last saw the deceased alive an Jan. 31, 19 67, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22 p. SIGNATURE STAFF PHYS. ATTENDING 1/31/67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D. VAH. FORT HOWARD. MARYLAND director, should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF ((ounty) (State) REMOVAL (Specify)
BURTAL BALTIMORE, MARYLAND 2/3/67 BALTIMORE NATIONAL 2So. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 John J. Dude WISE AVENUE, BALTIMORE,

completely

affending-physician

death. Page 4 O FUNERAL

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution COUNTY e. STATE b. COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town write RURAL and give necrest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? St. Paul Street 3501 Stella Maris Hospice YES NO X NAME OF Middle Last 4. DATE DECEASED (Type or print) DEATH 19 Marv Agnes Coyne 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months WIDOWED A Aga. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Dir. of Claims Statistics Veterans Adm. Baltimore 14. MOTHER'S MAIDEN NAME Susan Winters George W Wilkinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice); Hospice records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)/end (c).] Š INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: s been signed burial-transit pe IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? NO F YES | 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 16.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach6d 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Whila Not While DIRECTOR: at work at work 2 It. I certify that (I) (this hospital) attended the deceased from Mar. 17, 19619 ...., to ....Jan 19, 1967., that (I) (we) last 9 saw the deceased alive on... Jan. 18.1967.19......., and that death occurred at 5.500. Arom the causes and on the date stated above. 22e. SIGNATURE FUNERAL DIRECTOR Y PHYS. HOSPITA 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 201 Ec-doppe Pdes Towsen popert d. Wahon, M. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) OFB REMOVAL (Specify) IATHEDBAL ALTIMORE. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE H.W. MEARS & Son 805 N. CALVERT VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00233 CERTIFICATE OF DEATH 00235 The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral: remave carban papers. Pages 1 and 3 in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY 6 COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write Rt RAL and give negrest town)
Catonsville 20vr8mth3dys. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS SPRING GROVE STATE HOSPITAL 1809 Linden Avenue YES NO 3. NAME OF Middle the attending physician and campletely r First 4 DATE Lost Month Year DECEASED OF DEATH Lula (Type or print) Crane January S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 60 birthdoy) Months Doys Hours WIDOWED TX Feb. 10, 1906 female white DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY North Garolina housewife II. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya W.H. Wagner Disia Greens 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) If If yes give wor or dotes of service) Records: STATE SPRING **GROVE** HOSPITAL burial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY.

Bronch opner INTERVAL BETWEEN burial-transit ONSET AND DEATH Bronchopneumonia signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 3 rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the prior to O FUNERAL DIRECTOR: After this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) use YES K NO j 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not While at work at work 21. I certify that (\$\forall \) (this haspital) attended the deceased fram. , 19 67, that (X (we) last May to Jan. u saw the deceased alive an Jan. 1 19 67, and that death accurred at M. fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 1-4-67 M.D. PHYS DIRECTOR PHYS 22d. ADDRESS GRO VE STATE HOSPITAL NAME (Type)\_ Anthony J. Young, M.D. Baltimore, Maryland 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) DATEJAN

20 M T/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY Poge LTO. <u>v1</u> 0 MARYLAND delay i pages land2 with the State Department b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparate limits, write RURA, and give nearest town) EDGE MERE BALTE d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? miner's Office along with farm 7924 4500 514 25/6 SNIDER in Item 18. Give Poges YES NO Z be executed within 24 hours after death. NAME OF DATE Lost Month Dov Year DECEASED CRIEKEN JAN (Type or print) LOUISE BERGER DEATH 18 1967 IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF BIRTH last birthdov) Months Dovs within 72 hours after death WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME EWING LLSE B S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16 SOCIAL SECURITY NO 17 INFORMANT permit -38-4934 EARL CRICKENBERGER INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per live for (o) (b)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH in any event IMMEDIATE CAUSE (a) This certificate should writing the word DUE TO Conditions, if any, which gove rise to immediate cause (a), forwarded to DUE TO stating the underlying couse ond last 19 WAS AUTOPSY PERFORMED? pe nsed removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERM NA. D SEAS CONDITION GIVEN IN PART 1(a) 0 NO should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) factory street, office bldg , etc.) moy be retoined for your FUNERAL DIRECTOR: Page Not While of work at work the remains described above, held an Autapsy [ 21. I certify that I taak charge of Inspection 17 and in my opinion Notural Accident Suicide Hamicide Undetermined manner the funerol director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAM NER EXAMINER'S NAME (Type) Address (Street, city, town or county) 23d LOCATION (City or Town) DATE THEREOF 230 BURIAL CREMATION 50 REMOVAL (Specify)

BUR 1 AL

24 FUNERAL DIRECTOR BALTE. LAU 12 256 REGISTRAR'S S GNATURE 250 REC D BY REGISTRAR VR A15ME (5) 6M 1/67 300 MAC-E

MARYLAND STATE DEPARTMENT OF HEALTH

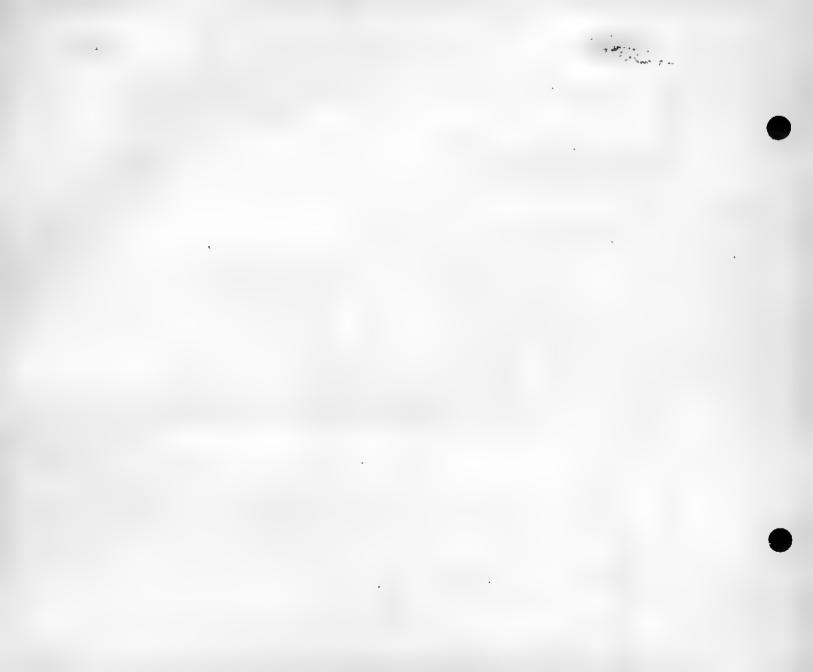


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems 11, 21, 20, 31 m. Preston Street, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 00235 00237 after death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) Shaker Heights Luthervi d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) N. Moreland YES NO TO College Manor. Seminary Ave DATE 3 NAME OF Erst Middle Month Doy Year DECEASED 6th., 19 Anderson January Florence Cross (Type or pnnt) DEATH AGF (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours 6,1882 W August WIDOWED DIVORCED 12 CTIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. SIRTHP\_ACE (County & Store or foreign country) COUNTRY? during most of working rie, even if retired) INDUSTRY Housewife Belleville. Michigan Home 0wn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addie Sophia Moore Fred S. Anderson 17. INFORMANT Bank Bldg. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give war or dates of service) Cross.900 No burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO burnal-t Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO YES far 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While p.m. ě 21. I certify that (I) (this haspital) oftended the deceased from. Melici 19 6 2 to director, page 3 should should should be filed with the 3 19 64, and that death accurred at 8:30M, from causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED O / 22o. SIGNATURE **ATTENDING** MED.
DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may University Parkway Dr. William NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o BURIAL, CREMATION, REMOVAL (Specify) Heights Ohio Knollwood Marfield 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR & Sons Co. 905 York Rd. Ulkery PP VR A15 (4) 20 M 1/66 DATE A





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00239 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission n COUNTY Baltimore o. STATE b. COUNTY MARYLAND b. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c (ENGTH OF STAY IN In c CITY OR TOWN (if outside corporate umits, write RURA, and give nearest town) Owings Mills 4 yrs. Balt. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours in Item 18. Give Pages 1, i's Office along with farm Rosewood State Hosp. 40 E. Cross St. YES NO IX o te 3 NAME OF Middle 4 DATE Month . DECEASED oris Cumberland Mary (Type or print) DEATH with 5 SEX B DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 7. MARRIED lost\_bathdoy} Dec. 18.1924 WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Md. None None This certificate should be executed within 3 FATHER S NAM 14 MOTHER'S MAIDEN NAME Charles Roger Cumberland Rose Catherine Ubell cnd 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes jie, or unknown) (If yes give wor or dotes of service) or removal. Records-Rosewood State Hosp. Owings Mills, M. none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c), PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) used as a burial-traburial, cremation, Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Mem 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Rocers of capildy etc) moy be retained for your FUNERAL DIRECTOR: Page Not White 12 1500m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinion Undetermined manner death resulted fram-Natural causes . Accident X Suicide Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** 5 may 10 FUNE) Health of Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g 8JRIAL CREMATION REMOVAL (Specify) Cedar Hill A. Co. Md. Brooklyn. 24 FUNERAL DIRECTOR ADDRESS 25b REGISTRAR S SIGNATURE 25o, REC D 8Y REGISTRAR Williamelen VR A15ME (5) Mc Cully 130 E. Fort Ave

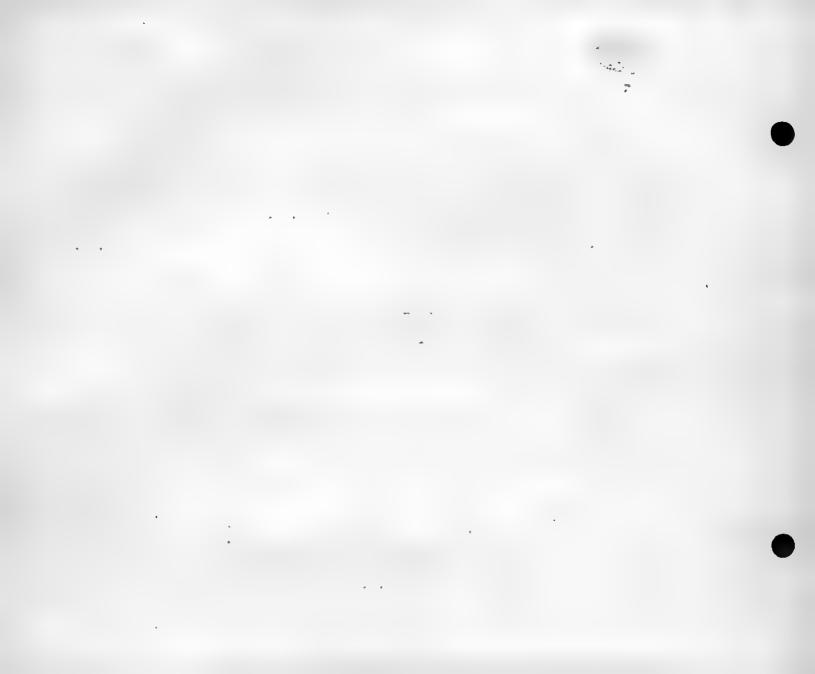


RESTON STREET, BALTIMORE 1, MARYLAND should after USUAL RESIDENCE (Where decreased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give neerest town) Towson Baltimore Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE 1209 Valley ON A FARM? Stella Maris Hospice completely YES NO W 3. NAME OF Middla DATE Vear DECEASED OF within (Type or print) DEATH 19 Margaret Cunningham cerbon COLOR OR RACE AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months event, WIDOWED [ DIVORCED physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) Nurse Maid Rosecommon, Ereland USA please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bridgett Boland James Cunningham removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) the hospital or attending physician. Hospice records permit. 18. CAUSE OF DEATH |Enter only one cause per line for (27) (b), and (c). INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS detached for use as CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (Stata) Month, Day, Year (County) factory, street, office bldg., atc.) Whila Not While DIRECTOR: at work at work þ ........., and that death occurred at 2.2.05P from the causes and on the date stated above saw the deceased alive on.. 22a. SIGNATURI ATTENDING SIGNED death. Page 4 IO FUNERAL 1 director, page 3 be filed with the HOSPITAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 20 E. Joppa Rd Robert Mahon. 23a, BURIAL, CREMATION, | 23b, DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial L-28.67 New Cathedra 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Wm. Cook-Brooks Towson . Towson, Md. 21204 20M 5-63

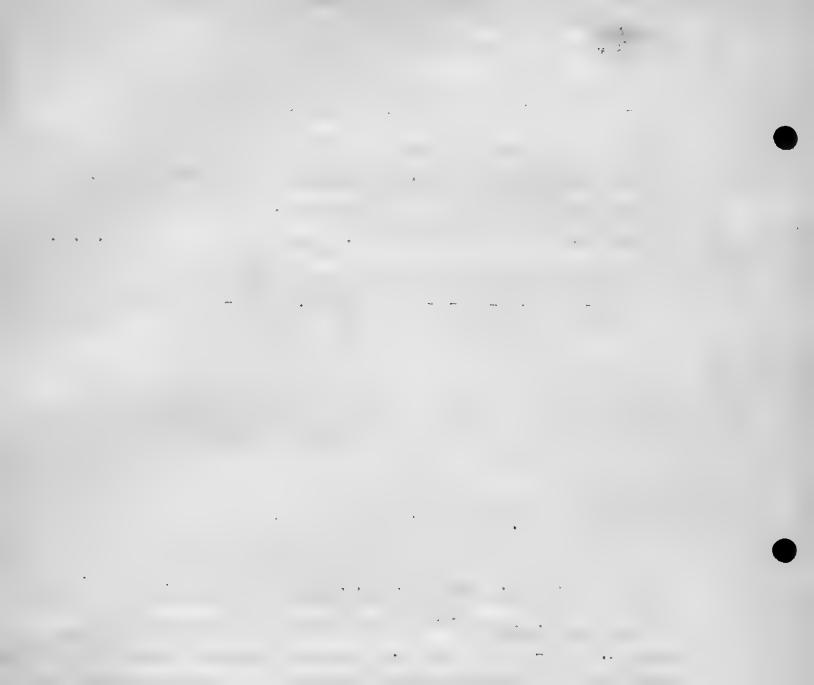
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00239 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral nen please remove carban papers. Poges 1 and oval, and in any event, within 72 hours after deat 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If autside corporate inmits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 23yr6nth29dvs Baltimore Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS 3921 Yolando Road SPRING GROVE STATE HOSPITAL YES 🗍 NO [ 3. NAME OF Middle 4 DATE Month First Last Doy Year OF DEATH DECEASED January 31 67 Annie Curry 19 (Type or print) 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Hours Sept. 6, 1877 white WIDOWED DIVORCED female 10g USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) housewife INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Elizabeth Kunigunda Frank Kohler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendit burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) Records: SPRING STAT E HOSPITAL GROVE burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH Arterioscleotic cardio vascular disease PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CERTIFICATION of Health NO 5 for 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED Not While factory, street, affice bldg., etc.) at work at work 21. I certify that (3) (this haspital) attended the deceased from July 2 19 13 da Jan 31, 1967, that \$4) (we) last 2 0 M, from causes and an the date stated above saw the deceased alive on Jan. 31 19 67 and that death accurred at 22b DATE SIGNED 22a. SIGNATURE MED. DIRECTOR Wo clister STAFF PHYS. ATTENDING 2-1-67 M.D director, page should be filed GROVE 22d. ADDRESS SPRING STATE HOSPILLAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Maryland 21228 B altimor. should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) FREDERIC REGISTRAR & SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) E LOMBARD ST DATE



00240	CERTIFICATE OF D	PRESTON STREET, BALTIA EATH	002
1. PLACE OF DEATH 8. COUNTY		ESIDENCE (Where decresed lived, I	
Baltimore	MARYLAND . STATE	aryland b. cou	Baltimo
	GTH OF STAY IN 16 c. CITY OR	TOWN (If outside corporate limits, wri	
Rural - Baltimore Highlands	48 years   Rural -	Baltimore Highlan	nds
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, giv	straat address) d. STREET		
2926 Ohio Avenue	2927	eorgia Avenue	
3. NAME OF First DECEASED	Middla Last	4. DATE Mon	th Day
(Type or print) Helen	M. Dall		y 30th.
S. SEX 6. COLOR OR RACE 7, MARRIED X NE	VER MARRIED 8. DATE OF BIRTH	9. AGE (In year	FIF UNDER TYEAR
Female White WIDOWED	DIVORCED February	9. 1918   last birthdey)	Months Deys
	USINESS OR INDUSTRY   11 BIRTHPLA		1 12. CITIZEN O
	Uniform Co. Mary	land	U. S.
13. FATHER'S NAME	14. MOTHER'S		
Louis_Weber	Aem	es Wisniewski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unkown) [(Ilyesgiveweror detes of service)]	SECURITY NO. 17. INFORMANT	Addre	55
No 218-01	-8727 Walter T.	Dallas - 2927 Geor	rgia Avenu
18. CAUSE OF DEATH [Enter only one cause par line for (e	, (b), and (c).]	1	1 INT
PART I. DEATH WAS CAUSED BY: (ACCENTA	rencimens o	tcolon	01
153 V DUE TO		7	
Conditions, if eny, which \ (b)			
geve risa to immediale cause			
The same of the sa			
(c) steting the underlying DUE TO			
(c) steting the underlying DUE TO	G TO DEATH BUT NOT RELATED TO T	TE TERMINAL DISEASE CONDITION GI	VEN IN PART I(e) 3
(e), steting the underlying DUE TO  couse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	TETERMINAL DISEASE CONDITION GI	
(e), steting the underlying DUE TO  couse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE		
[e], steting the underlying DUE TO couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  20c ACCIDENT WAS UNDERLYING CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (Enter netura o	finjury in Pert I or Part II of Item 18.)	
(e), steting the underlying DUE TO  couse Sest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200 ACCIDENT WAS UNDERLYING CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (Enter netura o	injury in Pert I or Part II of Item 18.) ome, farm, 20f. (City or Iown)	
(e), steting the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  20e ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY COMPANDERLY MONTH OF THE CONTRIBUTION O	OW INJURY OCCURRED (Enter netura o	injury in Pert I or Part II of Item 18.) ome, farm, 20f. (City or Iown)	\ Y
(e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY CAUSE Hour a.m.	CCURRED 20e. PLACE OF INJURY (Helical Processed from 1977)	ome, ferm, 20f. (City or lown)	(County)
Column   C	CCURRED 20e. PLACE OF INJURY (Helical Processed from 1977)	ome, farm, 20f. (City or lown)	(County)
[e], steting the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20e ACCIDENT WAS UNDERLYING DOWN OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not et work at the et work at t	CCURRED 200. PLACE OF INJURY (Honor metura of fectory, street, office work deceased from 1/F22	ome, farm, 20f. (City or lown) ldg., stc.)	(County)
Cell   Steting the underlying   DUE TO	CCURRED 20e. PLACE OF INJURY (Hectory, street, office work deceased from factory, and that death occurred the control of the c	ome, (erm, 20f. (City or lown) and an Med. Mr. Trom the causes	(County)
Ce   Steting the underlying   DUE TO	CCURRED 20e. PLACE OF INJURY (Fectory, street, office work Deceased from ATTENDING PHYS.	ome, (erm, 20f. (City or lown) and an Med. Mr. Trom the causes	(County)
[e], steting the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  20e ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Hour e.m. p.m. 19 et work at  21. J certify that (I) (this hospital) attended the saw the deceased alive on 200.  22e SIGNATURE  22c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager	CCURRED 20e. PLACE OF INJURY (Homework Deceased from ATTENDING PHYS. D. Jr. M.D. 122d. ADDI	ome, farm, 20f. (City or lown) and an analysis of a	(County)  A, 19.5.7, 11  and on the date  30.7.
Cell   Steting the underlying   DUE TO	CCURRED 20e. PLACE OF INJURY (Fectory, street, office work Deceased from ATTENDING PHYS.	ome, (erm, 20f. (City or lown) and an Med. Mr. Trom the causes	(County)  A, 19.6.7.11  and on the date  30.7
[e], steting the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  20e ACCIDENT WAS UNDERLYING DOR CONTRIBUTION CONTRIBUTION  20c ACCIDENT WAS UNDERLYING DOR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of work of work at 19 et work at 20d. INJURY Of work at 22d. I certify that (I) (this hospital) attended the saw the deceased alive on 22d. Injury Contribution of the saw the	CCURRED 200. PLACE OF INJURY (Fectory, street, office work	ome, farm, 20f. (City or lown) and an an an analysis of the second of th	(County)  And on the date  30 Jewn or county)  Maryland
Cell   Steting the underlying   DUE TO	CCURRED 200. PLACE OF INJURY (Fectory, street, office work Ame of CEMETERY OR CREMATORY CAME OF CEMETERY CAME OF CEMETERY CAME OF CEMETERY OR CREMATORY CAME OF CEMETERY CAME OF CEME	ome, form, 20f. (City or lown) ldg., etc.)  19. 6, to 30. Jan  MED. STAFF DIRECTOR PHYS.   23d. LOCATION [City, kg	(County)  and on the date  30 Jewn or county)  Maryland



Standard Contract

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00244 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admissiple) a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
THOWARD DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL ARUNAH AVENUE NO TO YES T Middle 3. NAME OF First 4 DATE Month Year Day DECEASED JOSEPH WILLIAM DAVIS JANUARY 19 67 (Type ar print) DEATH AGE ( n years IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH lgst birthdoy)
59 yrs Months Days Hours WIDOWED DIVDRCED MAY 9. 1907 MATE NEGRO 10b KIND OF BUSINESS OR 10o JSUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physician of entropies of evel and in during most of working life, even if retired) COUNTRY? YATZUGNI JERSEY CITY, NEW JERSEY 3 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT VA HOSPETAL (Yes, no or unknown) (It yes give wor ar dotes of service) Б 84 74 217 CLINICAL RECORDS FORT HOWARD. MARYLAND 01 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (o) signed by DHE TO CHRONIC PYELONEPHRITIS Canditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the lost. 9 WAS AUTOPSY PERFORMED? YES A NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION Þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While 19 67 to JAN 9 , 19<u>67</u>, that (V) (we) lost 21. 1 certify that (1) (this haspital) attended the deceased from JAN 5 19 67 and that death occurred at 655P M, from causes and on the date stated above sow the deceased alive on, 22b. DATE SIGNED 1/10/67 22a SIGNATURE ATTENDING M.D. DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAM'S JOHN D. NAME (Pype) TALBERT. M. D. VAH FORT HOWARD, MARYIAND 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS RAYNER SANDERS FUNERAL HOME Minutes VR A15 (4) 20 M 1/66

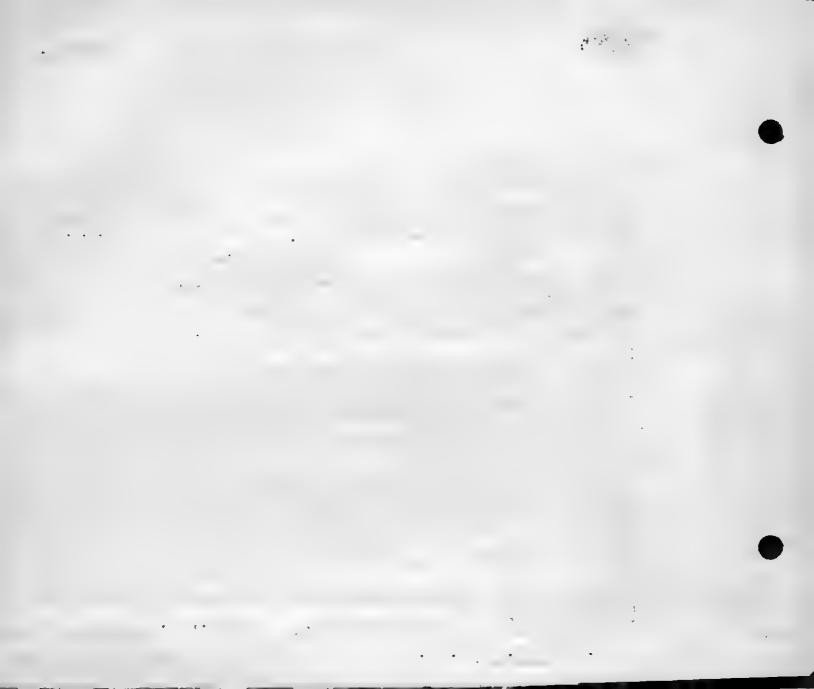


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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH 00245
death. funeral and 2 death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
er c	Baltimore County MARYLAND a. STATE Mary and b. COUNTY Balt. Co
rs after by the Pages J rrs afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
aurs in b Pa	Mount Wilson  //3 aays   1/2
24 hours after filled in by the papers. Pages 1	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
D	Mount Wilson State Hospital 3416 Mc Shane Way YES NO NO
be executed within 24 hours after clam and completely filled in by the see remove carbon papers. Pages 1 and in any event, within 72 hours after	3. NAME DF DECEASED (Type or print)  Mary  Camp bell  Davis  4. Date Month Day Year DF DEATH  Jan 12 1967
rted w compli ve car event,	5. SEX 6. COLOR OF RACE 7. MARRIED . MEYER MARRIED . 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
execute and co remove	WIDOWED DIVORCED 9-18-1891 75 yrs. Months Days Hours Min.
be execu	10a, USUAL OCCUPATION (Give kind of workdone   10b. KIND DF BUSINESS OR during most of working life, even if retired)   12. CITIZEN OF WHAT CDUNTRY?
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oval general	13. FATHER'S NAME
ndin The The Term	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
The law requires that the death certificate or attending physician, cate has been signed by the attending physician to use as the burial-transit permit. Their please the prior to burial, cremation, or removal,	(Yes, no, or unknown) (If yes give war or dates of service) 2/8-14-9 449 Records, Mt. Wilson State Hospital
the tree ation	18. CAUSE DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
t thu an. I by ansi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reticul um Cell Surco ma of Liver 275
tha rsicili gned al-tr ial,	/561 DUE TO
physical phy	Conditions, If any, which   (b)   (b)
requiring peen peen the pertopertopertopertopertopertopertoperto	cause (a), stating the DUE TO
law requires that the attending physician, has been signed be as the burial-tran harior to burial, cre	
The or a	YES ND
PHYSICIAN: The law the hospital or atten this certificate has detached for use as e Dept. of Health prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES  ND  19. WAS AUTOPSY PERFORMED?  YES  ND  DR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached to e Dept. of H	
<u> </u>	State   2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, officebildg., etc.)   2Df. (City or town) (County) (State)   4 work   2 at work   3 at
	21. I certify that (I) (this hospital) attended the deceased from 9-21-, 1965, to 1-/2, 1967, that (I) (we) last
ATTENDI retained ECTOR: A 3 should with the	saw the deceased alive on 1 = 2 1967, and that death occurred at 250M, from the causes and on the date stated above.
OR A DIRECT OF A D	228. SIGNATURE 22b. DATE SIGNED  ATTENDING MED. STAFF
TAL OR May be MAL DIR	22c. PHYSICIAN'S   22d. ADDRESS
HOSPITAL OR ATTENIAGE 4 may be retaine FUNERAL DIRECTOR: rector, page 3 shoul jould be filed with the	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
TO HOSPITA Page 4 mi To Funeral d rector, is should be	23a BURIAL, CREMATION, 23b. Date THEREDF 230 NAME OF CEMETERY OR CREMATORY 23d, LDCATION (City, town or county) (Sinte)
5 5	24. FUNERAL DIRECTOR ADDRESS 250 RECID BY REGISTRAR 250 REGISTRAR'S SIGNATURE
100 ALE (4)	18 - E. Par Olive to Colombia AN 16 1967 Hilanes Judges
VR ≠15 (4) ∜ 20M 1/65	Componer - Landy presser 11/19 DATE



	1	MARYLAND STATE DEPARTMENT OF HEALTH
	top over	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE	80244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00246
	EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY  b. COUNTY
>1 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	death.	MARYLAND BIOLOGICO.
0	Tor. Tor. men	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  write RURAL end give nearest town)
	Jirec Jirec part part ath.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS.
	er de	1721 Aberdeen Rel 1721 Aberdeen Rel VES NO NO
> R	3 to the funeral y be retained to the State City be be settined to the State City bours after of the state of	3. NAME OF (SAMUEI) First  (Type or print) SALVATORE Columbus Dell'Acqua DEATH  Dev Yeer  1964
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101	2, and 2 w	WINDOWED DIVORCED 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1	Page 1, Page 1s 1 ar 1	done during most of working life, even if refired)  Loch Raven Village Md.  U.S.A.
certificate chould be executed within 24 fronte	The pencil in Item 18. Give Pages 1, 2, 2, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	huciano Dell'Acqua Amoste ONORATO
3	a with the state of the state o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? IL SOCIAL SECURITY NO. 17. INFORMATT  (Yes, no, or unhown) (Ityesgivewerordetesofservice)  - 1949 - T052  214-26-64040 - C - C - C - C - C - C - C - C - C -
ģ	The Paris	INTERVAL BETWEEN
	axe cil in alon ransi mov:	PART I. DEATH WAS CAUSED BY, A There sclerote Cardin Varcula
2	rial-ti	11.10 / DUE TO Discours - Common Dury Change of
io di	in the second se	Conditions, if any, which gave rise to immediate cause
5	d "pending" d "pending". Examiner's Consequence of the consequence of the constitution of the consequence of	(e), stating the underlying DUE TO  cause last.
į	ord "pen ord "pen of Examil be used rial, cren	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	word word lical Example burial,	YES NO I
EXAMINER: This	the wor Medical should b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
MIN	ste, writing the Chief / the C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Lower law) (County) (State)  Hour a.m. While Not While fectory, street, office bldg., etc.)
15 50	ate, with the Control of the Control	
CAL		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection .
5	orwarded to DIRECT designated	death resulted from: Natural
	The DIY	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
5	PAIL STATE	DEPUTY MEDICAL EXAMINER C
1114	NEGA	NAME (Type) JULIAN C, July Address (Street, city, town, or county)
VIII 930 C	please execute the should be for the Health or its de	228. BURIAL, CREMATON, 22b. DATE THEREOF 22c. NAME O CEMETERY OR CREMATORY 22d. LOCATION (City for n, or county) (Slese)
C	3.45±	Burial 1/9/1967 Holy Redeemer Cem. Balto., Md.
	VR AISME	Tanand I Bush Too Balls Ma
	5M 1/63	Techard 3. Ruck Inc. Dalto. Md.   DATE SAN 10   130/



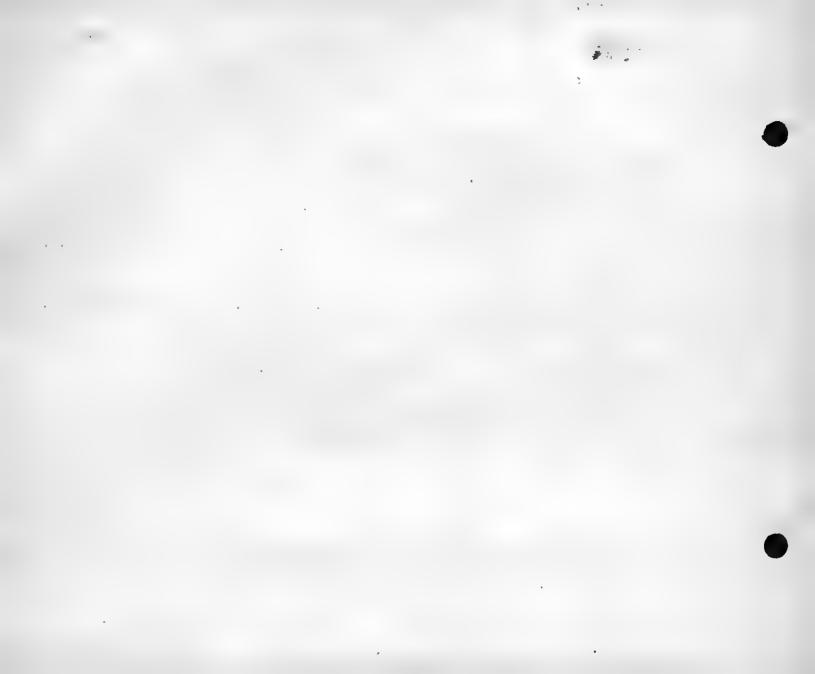
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF BEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours HIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS MARIEY NECK ON A FARM? ROAD YES [ BOX 123 A letely : be executed within NAME OF Middle DATE Month Day 6 /7Year DECEASEO OF DEATH (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED 8. геточе NEVER MARRIEO WIOOWED X DIVORCED | YEGRO 10a. USJAL OCCUPATION (Give kind of work done ) 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT IL BIRTHPLACE (County & State, or foreign country) lease I and in during most of working life, even if retired) COUNTRY? U5 A OUSE WIFE death certificate ā FATHER'S NAME MOTHER'S MAIDEN NAME гетома Katherine Boose AMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Ь (Yes, no. or unknwn) I (If yes give war or dates of service) Ernest Demby. 1275 Kitmore Rd. No cremation, the ONSET AND OBATH 18. CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c), ] signed by wrial-transit PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. been souries, burial, OUE TO IC DAYS MEDIA Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate MELLITUS YES 🔀 NO 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work p.m. at work retained 1967 to January 19, 1967, that (1) (we) last 21. I certify that (!) (this hospital) attended the deceased from danuary DIRECTOR: Jage 3 should lied with the and that death occurred at ics. AM, from the causes and on the date stated above. saw the deceased alive on January 1967 222. SIGNATURE 22b. OATE SIGNED page MED. DIRECTOR ATTENOING O HOSPITAL FUNERAL ADDRESS 22c. PHYSICIAN'S director, p should be NAME (Type) C. Kuwilski Center Grocites Madiced (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Mt. Calvery Baltimore, Maryland Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADORESS FUNERAL DIRECTOR Charles R. Law . 802 Madison Ave. VR #15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0024F CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death. signed by the attending physician and completely filled in by the funeral buriot-transit permit. Then please femove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE Maryland o COUNTY b. COUNTY Baltimore Baltimore ve corbon papers. Poges 1 event, within 72 hours ofter MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 - 21221 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO DO St. Joseph Hospital 10 Marie Avenue YES 🗀 4 DATE 3 NAME OF Doy Year DECEASED 1967 William Detter DEATH January Lerew (Type or print) 9. AGE ( n years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH last birthday) Doys Months Hours April 6, 1914 ond in ony Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Fidelity Ship Celing COUNTRY? Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal LEREW DEO. DETTER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 189-07-2686 10 LAK cremation, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Terminal carcinomatosis, primary site undetermined. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the hospital or ottending os the O FUNERAL DIRECTOR: After this certificate has been Inst. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Heolth 1. Partial intestinal obstruction 2. Gastro-jejunal dilatation YES X NO 힏 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING (TICAUSE OF DEATH detorhed (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While pe 21. I certify that \$6 (this hospital) attended the deceased from December 21, 1966, to January 15, 1967, that \$6 (we) last should saw the deceased alive on January 15 1967, and that death accurred at 7:15-M, from causes and an the date stated above. 22b. DATE SIGNED 22o, SIGNATURE / MED. DIRECTOR January 15,1967 M.D. PHYS , page be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 7620 York Road, Towson 4, Md. Reynaldo Or wela-Gomez M.D. director, should 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b DATE THEREO (County) (Stote) REMOVAL (Specify) BALTO URIA 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 50 NG CON-R-ELL MACK



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00249 CERTIFICATE OF DEATH 06247 requires that the death certificate be executed within 24 haurs after death ely filled in by the funeral ban papers. Pages I and within 72 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Halethorpe c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1723 Selma Avenue 1723 Selma Avenue YES NO 2 3 NAME OF Middle 4. DATE First Lost Month Day Year campletely DECEASED January 15, 19 67 W. DISNEY LOT (Type or print) DEATH IF JNDER I YEAR S SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdov) Months 10-19-1881 Male White WIDOWED DIVORCED physician and c 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 17 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? A. **INDUSTRY** Maryland Retired Ë 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Susann Warfield Wesley Disney attending programmer The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Hester D. Disney, 1723 Selma Ave. burial, crematian, or 717-07-8393 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY: signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO WAS AUTOPSY has PHYSICIAN: The PERFORMED? NO. certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Home, form, (City or town) (County) (State) Hour o.m. While Not While factory, street, office bldg., etc.) O HOSPITAL OR ATTENDING ot work at work 21. I certify that (I) (this haspital) attended the deceased fram. 1, ta (1011 15, 1967, that (1) (we) last and that death accurred at 12.37 M from causes and an the date stated above saw the deceased alive an work TO FUNERAL DIRECTOR: 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** director, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S 5609 Main Street, Elkridge, Maryland NAME (Type) Dr. Bruce Brumbaugh 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify)
Burial Emmanuel Baust Cemetery 1-18-1967 Westminister, Md. 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A1II (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. 21229



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and/ death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence to the contract of the con PLACE OF DEATH a. COUNTY Pages 1 after 6 b. COUNTY 24 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) .⊆ XIMADED papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? altimore ortless 8 ithin ND Z YES executed within etely carbon NAME DE Middle First Last DATE Day DECEASED DOBBIN MARIA event. KERR. JANUARY compli (Type or print) DEATH 196 remove 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED pue 2-15 MIDOMED X DIVORCED Ξ 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please I, amd ir during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE 13. FATHER'S NAME removal. MOTHER'S MAIDEN NAME Then TILTON HEM S THOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Ь (Yes, no, or unknwn) (If yes give war or dates of service) death cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit burial, cremat The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed l DUE TD Conditions, If any, which (b) peen gave rise to Immediate as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTDPSY for use Health PERFORMED? certificate YES [ ND 🔽 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 50 detached this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) should be be de State i factory, street, office bidg., etc.) Hour a.m. While Not While ATTENDING at work at work p.m. retained DIRECTOR: A age 3 should lied with the 5 -14 196 7, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 5:30 M, from the causes and on the date stated above. saw the deceased alive on 1600 22a. SIGNATURE 22b. DATE SIGNED Page 4 may be ATTENDING PHYS. MED. page M.D. DIRECTOR O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p should be NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) Md Burial -19-67Episcopal Elkridge Grace Church 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 7 Sons Co. 4905 York Rd. Balto JAN H.W.Jenkins VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00257 Ing this sician and completely filled in by the funeral lines please remove corbon papers. Pages I and 2 them. requires that the death certificate by executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RJRAL and give nearest town) please remove corbon popers. Page and in any event, within 72 haurs Surs. 27dys Baltimore, Maryland 21230 Catonsville d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Book West Clements St. GROVE STATE NO HOSPITAL Middle DATE Month 3 NAME OF First Year DECEASED OF DEATH January 30, 19 67 Carneal Cornelia Dorman (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 92 birthdoy) Davs Hours Jan. 12, 1875 white WIDOWED DIVORCED female 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10a US, AL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR U. S. A. during most of working life, even if retired)
NOUSEWITE INDUSTRY MaxwixxX Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova KNNYHHOXCHXWHHY Leland Carneal Virginia Muellner 17. INFORMANT 15 WAS DECEASED EVER IN U.S. AR 1. D FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give wor or dates of service) permit STATE HOSPITAL Records: SPRING GROVE cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit p burial, crematic PART I DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o). DUE TO ASHD Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse the hospitol or attending os the Generalized Arteriosclerosis TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? Bronchial pneumonia. organism unknown NO ģ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20x TIME OF INJURY Month, Dov. Year factory, street, affice bldg., etc.) Hour o.m be retoined by 21. I certify that M (this hospital) attended the deceased from Dec. 28 19\_\_\_, that (I) (we) lost and that death occurred of 8 P M. from causes and on the date stated above saw the deceased olive on\_ 22b. DATE SIGNED 1/30/67  $\mathbf{x}$ PHYSIC, AN S NAME (Type) 21228 Baltimore, Maryland director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 236. DATE THEREO BURIAL CREMATION 3801 Frederick Ave. Balto., Md REMOVAL (Specify)
Burial Loudon Park Cemetery 2-3-1967 **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard , 4107 Wilkens Avenue 21229





1.5		MARYLAND STATE DEPARTMENT OF HEALTH  OPPUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N  CERTIFICATE OF DEATH	1ARYLAND
# <u>\$</u>		Tt.om C. 43 Tm : 665 TV . 77 TC T - 1	252
death.	1.		esidence before admissio
after of the fundamental states of the funda	_	Baltimore Maryland Baryland B. COUNTY Bar	ltimore
S 6 8		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town
requires that the dear contincate be executed within 24 hours ding physician. been signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Page to burial, cremation, or removal, and in any event, within 72 hours or to burial.	_	lowson	
72 V	ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	O. IS RESIDENCE ON A FARM?
2 # E E ( ( )	Ι.	209 (. Joppa "oad _ 209 E. Joppa "oad	YES NO
thin thin with	3.	NAME OF First Middle Last   4. DATE Month	Day Year
wi ple arb		DECEASED (Type or print) Ernest Anton Ecsery DEATH January 17.	196719
bom som	5.	SEX   6, COLOR OR RACE   7 MARDIED   1 MEDIED   18 DATE OF BIRTH   19. AGE (IN WESTS ) (FUNDER	1 YEAR HELINGER 24 HR
d c		last birthday) Months I	Days Hours   Min
exe an an ren	104		
d ir	dur	USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. Cl	ITIZEN OF WHAT
Sic. Ban		Chiropractor Sell imployed Hungary US	4
al play	13.	FATHER'S NAME   14. MOTHER'S MAIDEN NAME	•
le l		S4 -1 . C	
on and ir	15	Stephan Ecsery WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
e ≒e €	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address 15, no, or unknown)   (If yes give war or dates of service)	
deat he at perm tion,	_	No None Family Records	
the atif		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND OEATH
requires that the ding physician. been signed by the burial-fransit or to burial, creman		PART I. OEATH WAS CAUSEO BY:	ONSET AND OEATH
FE SE 2	Ш	VIMMEDIATE CAUSE (a) Carcinomalosis	
ial ial	П	/5 Y/ OUE TO	3478
ph p		conditions, if any, which (b) Cascen oma V Reclum	3913.
ng ng co	l	gave rise to immediate cause (a), stating the DUE TO	
ar in a signature of the signature of th	Н	underlying cause last. (c)	,
tte has pr	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
# # # # 2 = 2	ĮĘΙ		PERFORMEO?
	믮		YES NO
AN THE PLAN	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	)
15 ce se	[8]	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYS his tac Del	롯	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
<b>=</b> € £ € <b>=</b>	MEDICAL	Hour a.m.   While - Not While - factory, street, office bldg., etc.)	
Sta pe	ĭ≅∣	p.m. 19 at work ]	
ND ne d	Ш	21. I certify that (I) (this hespital) attended the deceased from 1-16-, 1967, to 1-16-, 1967	Z., that (1) (we)-la:
Tie train		saw the deceased alive on 1 - 16 - 1967, and that death occurred at 2 2 M, from the causes and on the	ne date stated above
With a second		22a. SIGNATURE 22b. DI	ATE SIGNEO
Se S		M.O. PHYS. OIRECTOR   STAFF   /-	20-67
AL Lay	ш	22c. PHYSIGIAN'S   22d. ADDRESS /	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed birector, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore		NAME (Type) M. KEUIN QUINN GO 1927 YORK TO TIMONIU	1H, Balt. Mc
HO Base assertion on the contract of the contr	23a	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
0 0 0 5 K	17	ensibility (specify)	1
K	-		and
M	24	0.0 4007 07/1-	s signature
VR A15 (4)	2	John Burns, Sons, Towson, Paruland OATE JAN 23 1967 June	was made

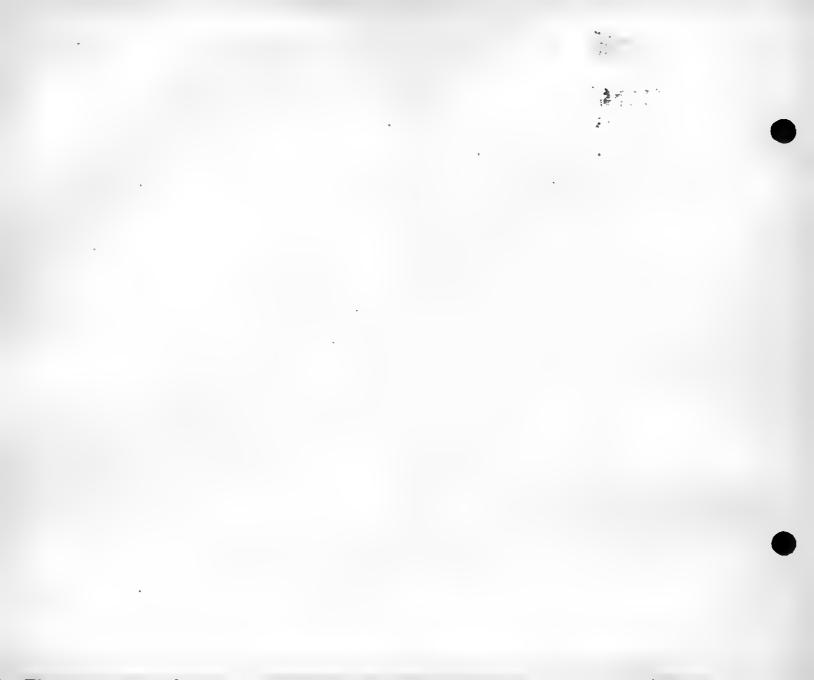


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00252 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before gam ssign) b. COUNTY Baltimore a. COUNTY o STATE Baltimore MARYLAND Maryland burial-transit permit. File pages I and 2 with the State Department E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURA, and a ye nearest town) 4 Months Dundalk Dundalk d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? xaminer's Office alang with farm 1813 East Ave. 1813 East Ave. NO X 3 NAME OF Middle Last 4 DATE Manth Year DECEASED 19 67 Edelburg OF DEATH Caroline January (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) 3/19/85 in any event within 72 haurs after death. Female White WIDOWED X D VORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOB KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT U. S. A. Arco Paint Co. Peland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Net Known Teffs 17. INFORMANT (Son) 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service)
271–22–8787 Edward Edelburg, 1813 East Ave. Dundalk Md. 4 shauld be farwarded ta the Chief Med MEDICAL EXAMINER: This certificate should be exe INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) 7001 DUE TO Conditions if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse ar remaval, and PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO X 200 EXTERNAL (ALSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enternature of injury in Port I or Port II of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH (City or fawn) 20c TIME OF INJURY Month, Day, Year 20d NULRY OCCURRED 20e. PLACE OF INJURY (Home form) (County) 5 may be retained for your managed 10 FUNERAL DIRECTOR: Page 3 Health prior to burial, cremativ Not While factory, street, office bldg., etc.) at wark al work 21 I certify that I took charge of the remains described above, he d on Autopsy , Inspection . Inquiry x. and in my opinion depth resulted from Notural causes X. Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER X 6800 Morning- 1/25/67 **EXAMINER'S** Melvin B. Davis M. D. Address (Street, city, town, or county) ton Rd. Dundalk, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) 23a BURIAL CREMATION, 1/27/67 Christ Lutheran Cemetery Baltimore, Md. 25b REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24 FLINERAL DIRECTOR Marley Judge VR A15ME (5) JAN 26 1967 6M 1/67 John J. Duda 7922 Wise Ave. Dundalk. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

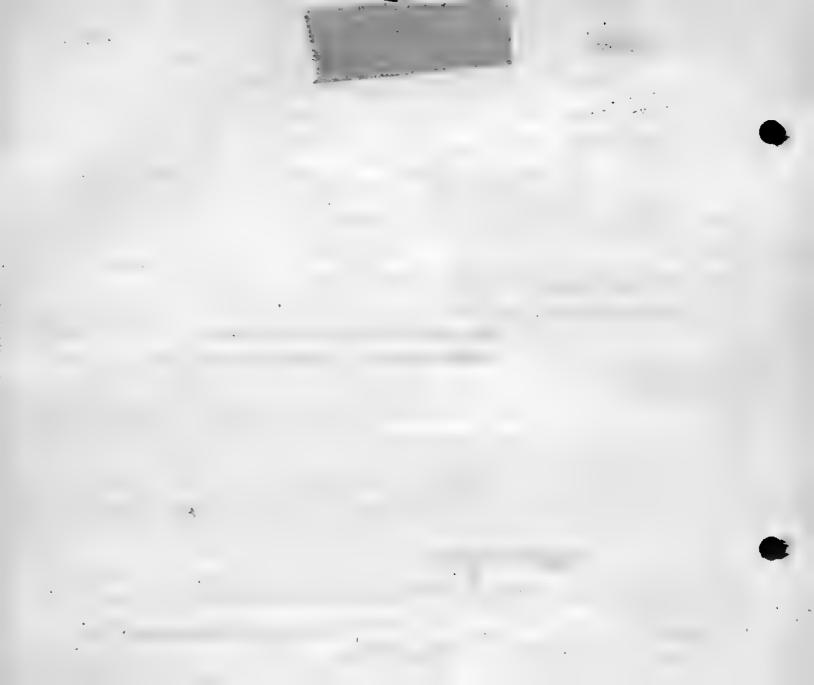


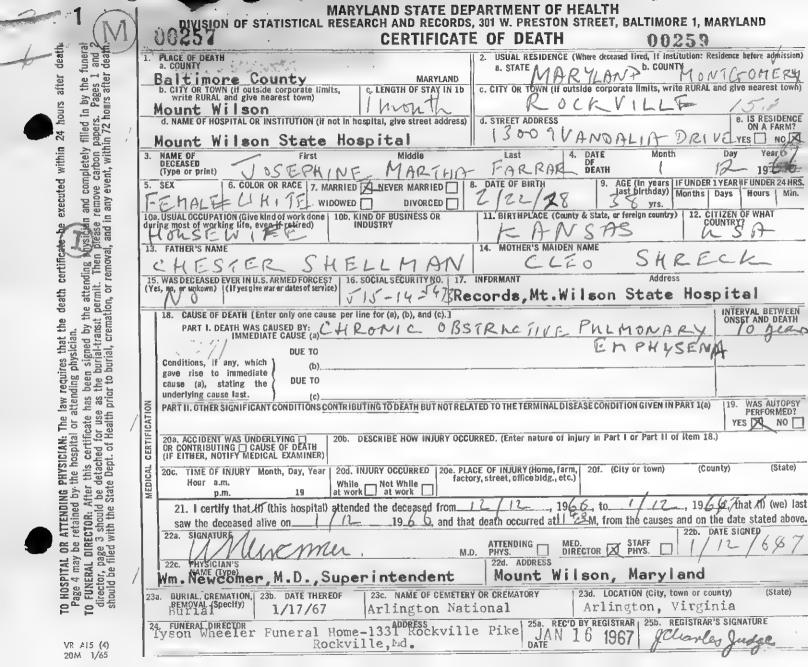
	256
1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY	nce before/admission)
Da/7/mcRe MARYLAND  D. CITY OR TOWN (if outside corporate limits. I c 1 FNGTH OF STAY IN 1). C CITY OR TOWN (if outside/corporate limits, write RURAL and of	give nearest town)
NUMBER OF THE PROPERTY OF THE	BALTIMORE
	e. IS RESIDENCE ON A FARM?
	YES NO X
(Type or print) Annetta (AMA) ELLISON DEATH Jan 30	0 1967
5. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR	RIFUNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN	N OF WHAT
during most of working life, every if retired) INDUSTRY OWN HOME A-A-CO, Mazykad COUNTRY	15-12.
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT , Address	
(Yes, no, or unkown) (If yes give war or dates of service) 216-058150 Putients Chart	
DADT I DESTI MAG GALLEED DV	TERVAL BETWEEN
IMMEDIATE CAUSE (a) RESTINATION 1 PAICURE	
Gendrions, it any, which	neweek
cause (a), stating the DUE TO EMPHYSEMA WITH COR PULMONALE	
	). WAS AUTOPSY PERFORMED?
ARTERIOSCLEROTIE CARDIOVASCULAR DISEASE WITH CONGESTIVE FAILURE YE	YES NO NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(State)
21. I certify that (I) (this hospital) attended the deceased from 1-23-, 1967, to 1-30-1967, to saw the deceased alive on 1-30-1967, and that death occurred at 1.42M, from the causes and on the dat	that (I) (we) last
22a. SIGNATURE / 1 / 1 / 1 / 22b. DATE SI	SIGNED
THE PROPERTY OF THE PROPERTY O	30-1967
NAME (TYPE) EDATHIL K. S. NARAYANAN INTERN. GREATER BALTO - MED. CE	ENTER -
23a. BUR.A., GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 2-2-1967 Magothy Meth. Church Anne Arundel Co.  24. FUNERAL DIRECTOR  ADDRESS  H. W. Jenkins & Sons Co. 4905 York Road  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN  ANNO ANNO ANNO ANNO ANNO ANNO ANNO AN	
H. W. Jenkins & Sons Co. 84905 Yark 28292 DATE 11 31 1967 Missel	les Judge





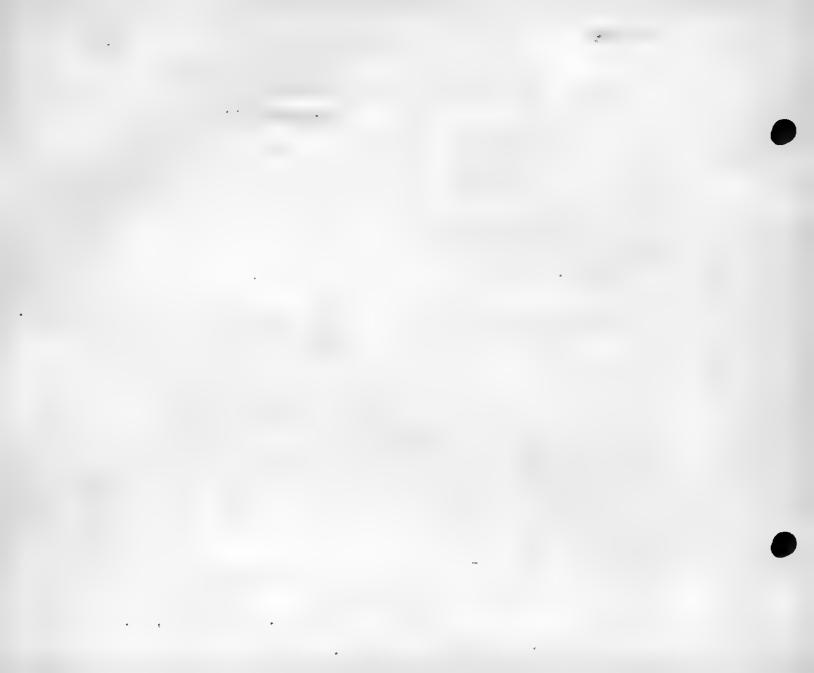
(1)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
1		258
1.	PLACE OF DEATH  1. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institutions Res	sidence before admissio
	B. COUNTY D	TIMORE.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give nearest town)	. , , ,
1	PERRY HALL.	0-
l	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital), give street address)  d. STREET ADDRESS	on a farm?
	7531 HORD AUE. 31936 NAME OF First Middle 9531 HORD. AUE. 31936	YES NO P
	DECEASED (Type or print)  CARROLL JOSEPH LOERS  DEATH JAN 2	1967.
	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YE	
	M. WIDOWED DIVORCED 9-6-1891   last birthday)   Months   Da	Hours Min.
10a	to during most of working life, even if retired)	EN OF WHAT COUNTRY
400		SA.
13.	Frederick Ewers  14. MOTHER'S MAIDEN NAME Margaret 9, Brien	
15.	WAS DECEASED EVER IN U.S. ARMED FORCESS LIA. SOCIAL SECURITY NO. 1.17 THEODOMARKS	
¶Y•	219-07-2579A Mrs Mary E. Ewers 9531 Horn Avenue	
	18. CAUSE OF DEATH (Enter only one cause per fins for (a), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Disacting about Uneury	US OUT AND DEATH
	DUE TO A HELEN LAND CARRIED DAY	under.
	Conditions, if any, which gave rise to immediate cause	
	(e), stating the underlying DUETO	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	(a) E 19. WAS AUTOPSY
YTIC		PERFORMED?
2	20s. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert   or Part    of item 18.)	
E	PRIMARY FT or CONTRIBUTING FT	
L CERTIFICATION	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	
	CAUSE OF DEATH.  20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County Hour s.m. While Not While 1 Pactory, street, office bldg., etc.)	y) (Sinte)
MEDICAL CERTIF	CAUSE OF DEATH.  20c, TIME OF INJURY Month, Day, Year Hour II.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County factory, street, office bldg., etc.)	
- 1	20c, TIME OF INJURY Month, Day, Year Hour II.m. p.m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Pactory, street, office bidgs, etc.)   20f. (City or lown) (County factory, street, office bidgs, etc.)   20f. (City or lown)   20f. (City or lown)	y) (State)
- 1	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Pactory, street, office bidg., etc.)   20f. (City or lown) (County While at work at work at work at work   21. I certify that I took charge of the remains described above, held an Autopsy   Inspection Inquiry 4 at death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner	
	20c. TIME OF INJURY Month, Day, Year Hour II.m.  p.m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   (County factory, street, office bidgs, etc.)   20f. (City or lown)   20f. (City or low	
- 1	20c. TIME OF INJURY Month, Day, Year Hour II.m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   20f. (Cit	and in my opinion
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour II.m.  p.m.  19   Suicide   Accident   Suicide   Accident   Accident	DATE SIGNED
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour B.m.  19   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm, 20f. (City or lown)    21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry    22. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry    23. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry    24. Celler Medical examiner    25. Accident   Accident   Accident   Accident   Accident   Accident    26. (City or lown) (County    27. Inquiry   Accident   Accid	DATE SIGNED
WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour E.m.  p.m.  19  20d. INJURY OCCURRED While at work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County factory, street, office bidg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 4 at work 4 at work 4 at work 5 work 6 at work 6 at work 7	DATE SIGNED  (State)
WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour B.m.  19   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm, Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   (County Pactory, street, office bidg., etc.)   20f. (City or lown)   20f. (	DATE SIGNED  (State)







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00260 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death, sicion and completely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Baltimore b. COUNTY a. STATE Maryland ve corbon papers. Pages I event, within 72 hours after MARY! AND Baltimore b CITY OR TOWN (f autside carparate timits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) 21221 ESSEX Towson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS St. Joseph Hospital 513 Back River Neck Rd. YES NO Clara 3 NAME OF 4. DATE Last Day Year DECEASED Elizabeth PERSYNERMANN 19 67 Clra January (Type or print) DEATH IF LINDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last pirthday) Months Days Haurs March 28, 1897 White WIDOWED X Female DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? Germany USA Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hahn Clara Ahrens IS. WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates of service) 5 None Richard Ferstermann 513 Nack River Neck Rd cremotion. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH Generalized Peritonitis / IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause Page 4 moy be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to last. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO Thrombo-Embolus Pulmonary 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Nat While factory, street, office bldg. etc.) at wark at work , 1966 , to 1/6/ 21. I certify that (A (this haspital) attended the deceased from 12/29/ \_\_, 19.67, that (X (we) last 1967, and that death accurred at 12 A.M., fram causes and an the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. ATTENDING 1/6/67 DIRECTOR M.D. Revnaldo Orivela -Gomes 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) M.D. 7620 York Rd. Baltimore, Md. 21204 director, F 23c. NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THER OF 230. BURIAL, CREMATION, (State) REMOVAL (Specify) 1/9/67 Moreland Memorial Pk. Baltimore. Co., Maryland 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNKRAL DIRECTOR **ADDRESS** DATE JAN Funeral Home 1407 Eastern Ave.



7 200	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Series	E 75	UU259 CERTIFICATE OF DEATH 00261
	24 hours after death.  filled in by the funeral apers. Pages 1 and 2.  n 72 hours after death.	1. PLACE OF DEATH a. COUNTY BALLOWS  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence b. COUNTY RESIDENCE (Where deceased lived, If institution: Residence b. COUNTY RESIDENCE (Where deceased lived, If it is
	ours affi in by the Pages Iours af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltuoz (Rural)  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltuoz #18
	within 24 hours after letely filled in by the frbon papers. Pages 1 , within 72 hours after.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  GREATER BATTILLON Word Leadical Factor 1607 E 29 H STREET  VES D NO DE 18 PESIDENCE  ON A FARM?  YES D NO DE 18 PESIDENCE  ON A FARM?
	withir opletely carbon ont, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) CHERICHE CHICEFINE FINGLES DEATH 1 10 1967
	ate be executed within 2 physician and completely fit please remove carbon para, and in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8A PATE OF GIBBH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
	s be e siclan a lease r and in	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country)  11. BIRTHPLACE (County & State, or fereign country)  12. CITIZEN OF WHAT COUNTRY?
	nding physical Then ple removal, a	HOUSEWIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. FATHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S M
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  No 213-03-6742 Thomas J Fingles Same
:	<u> </u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  IMMEDIATE CAUSE (a)  PULMONARY  THEOMBO EMBOUSM  IMMEDIATE CAUSE (a)
	HYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed bletached for use as the burial-tran beet. of Health prior to burial, cre	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  MALIGNATI LYMPHOMA  MOS.
	The law relow attending cate has be at the cate has be as the calth prior in the call prior in the calth prior in the calth prior in the call prior in the	underlying cause last. (c)
i	ICIAN: The law ospital or atten certificate has hed for use as to flealth prict.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING O CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	G PHYSICIA by the hospi er this cer e detached ate Dept. or	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, long)   20f. (City or town) (County) (State)   4 Hour a.m.   While   5 at work   19   14 work   19   19   19   19   19   19   19   1
,	TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d sllould be filed with the State	21. I certify that (I) (this hospital) attended the deceased from
	ay be re ay be re bage 3 s filed will	228. SIGNATURE A HONGON M.D. ATTENDING MED. STAFF 226. DATE SIGNED / 10-67
	D HOSPITAL Page 4 may FUNERAL I director, pag Sllould be fill	22c. PHYSIOTAN'S NAME (Type)  22d. ADDRESS  23a. BURIAL, CREMATION, 1 23b. DATE THEREOF   1 23c. NAME OF CEMETERY OR CREMATORY   1 23d. LOCATION (City, town or county) (State)
		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 23d. LOCATION (City, town or county) (State)  Baltimore Md.  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	J. S. Ruck Inc. 5305 Harford Rd. DATE 13 1967 Jelianles Judges

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00260 CERTIFICATE OF DEATH 00262 death ecuted within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY MARYLAND please remave carban papers. Pages 1 I, and in any event, within 72 haurs after, c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) campletely filled in d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Doy Year DECEASED OF 19 6 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS MARRIED **NEVER MARRIED** hirthdoy) Months Doys Hours WIDOWED DIVORCED 10o USUA: OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician V55; 2 requires that the death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remaval, SLOP 16. SOCIAL SECURITY NO 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes no, or unknown) (If yes give war or dates of service) 1-07-5756A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO Page I may be retained by the haspital ar attending prior to stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use director, page 3 should be detached for use Inauld be filed with the State Dept. af Health YES NO 061 200. ACCIDENT WAS UNDERLYING IT 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port | of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m. Not While foctory, street, office bldg., etc.) ot work , 19 6 C, to , 1967 that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased from, 30 and that death occurred at \$115 AM, from chuses and an the date stated above saw the deceased alive an 220. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d, ADDRESS 22c PHYSICIAN'S David E. NAME (Type) Zickafoose, 1310 407 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Jown) (County) REMOVAL (Specify)
24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 wellen DATE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. 1. PLACE OF DEATH-a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) and completely filled in by the femove carbon papers. Pages 1 any ∎vent, ≡ithin 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) 24 homrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES X NO within NAME OF Middle DATE Month Day DECEASED OF DEATH AGE (in years | FANDER 1 YEAR FUNDER 24 HRS. Lest birthday) | Months | Days | Hours | Min. (Type or print) 5. SEX 6. COLOR OR RAC DATE OF NEVER MARRIED physician a n please re val, a∎d in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR & State, by foreign country) 12. CITIZEN OF WHAT certificate be TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permits. Then pishould be filed with the State Dept. of Health prior to burial, cremation, ardemoval, Address IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no for unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 18. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. arcinoma wearn IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) NO V YES 20a. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) WIIDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING p.m. at work at work Van 72 21. I certify that (I) (this hospital) attended the deceased from anvary 196/ that (I) (we) last 22 196 and that death occurred at 757M. from the causes and on the date stated above. saw the deceased alive one 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may I DIRECTOR M.D. PHYSICIAN' 22d. ADDRESS NAME (Type . 0 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b LOCATION (City, town or (State) 25b. REGISTRAR'S SIGNA REGISTRARI 2 1967 VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DISSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. COUNTY C Ab. COUNTY the first 1 after **MARYLAND** Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š write RURAL and give nearest town) bon papers. Pag within 72 hours 3 Towson filled in MRS d. NAME OF HUSELIAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO F attending physician and completely mit. Then please remove carbon p., or removal, and in any event, with death certificate be executed within MAME OF DECEASED First Middle DATE Last 4. Month Day DF (Type or print) unc DEATH 6 19 6 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 PRS. Last birthday) | Months | Days | Hours | Min. SEX 6. COLOR DR RACE DATE OF BIRTH 9. 7. MARRIEO NEVER MARRIED Months Hours DIVORCED [ WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife nares and 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address has been signed by the atten-as the burial-transit permit, prior to burial, cremation, or a (Yes, no, or unkown) |(If yes give war or dates of service) Dunglow Road CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to immediate as the prior to **DUE TO** cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hished for use of Health p PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this certil detached f e Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) e e factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While p.m. at work at work Janueri 21. I certify that (I) (this hospital) attended the deceased from January 19. 19 6 Z. that (I) (we) last anucry and that death occurred at 7 PM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNEO 22a. SIGNATURE 22b. page **ATTENDING** TO FUNERAL 22c. PHYSICIAN'S **ADDRESS** director, p should be C. Kuwilsku NAME (Type) Baltimore Medical Contro NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION. REMOVAL (Specify) Ceme terv Baltimore County. Caklawr REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	00263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00265			
HEALTH DERTY I	1. PLACE OF DUTH a. COUNTY 13 ALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission) a. STATE MARYLAND MARYLAND			
essary, o the funeral e 5 may be Department after death.	b CITY OR TOWN (if outside corporate limits, c. LENGTH DE STAY IN 1b write RURAL and give nearest town)  Write RURAL and give nearest town)  BALTO - 2110 (1) Packville 3mo Balto - Rural - Parkville 3mo			
Depa officer	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ( . STREET ADDRESS ) . S. IS RESIDENCE			
Page 34 that the same of the s	SSIS-D old Hen pre 8515-D old Han Lord 34 VES NOW			
any del 2, and PM3. the Si 72 ho	3. NAME OF DECEASED (Type or print) A Lice 1 du Fletchen DEATH Service 1 1967			
ith. If all form P form P within	5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.			
Sive Pair Sive Pair With With	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
m 18. Gir a along pages	13. FATHER'S NAME UN KOUNT 14. MOTHER'S MAIDEN NAME UN KOUNT -			
ili in 14 ho ili in 14em r's Office iit. File wal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) 2/9-22-8544 Frederick Fletchez SAME			
EXAMINER: This certificate should be executed within 24 hours after death. If any delather certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. If files.  The Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sidesignated agent, prior to burial, cremation, or removal, and in any event within 72 ho	18. CAUSE OF DEATH [Enter only one cause per line of (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  Conditions, if eny, which (b)			
ould bord 'polled brief Me	gave rise to immediate ceuse (a), stating the DUE TO underlying cause last. (c)			
ficate should the word of the Chief of the Chief word as a used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO			
R. This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION COURSED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  PRIMARY CAUSE OF DEATH.			
cate, v forwa forwa agent,	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   4 work   20m.   20m.			
AMIN ertifi id be Page nated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🛂, and In my opinion			
AEDIC EXAMINE Cute the certificated should be ryour files.  DIRECTOR: Page or its designated in its designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner			
EDI Sunte Sure You PIRE	SIGNATURE ADMI LITTLE MD. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
Ex-t-	EXAMINER'S JOHN C. Hyle DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)			
TO DEPUTY please e director. retained TO FUNER of Health	23a. BURNAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OF GREMATORY 23d. LDCATION (CIty, Lown or county) (State)			
VR AISME (5)	24. FUNERAL DIRECTOR Char. F. EVANI HON 8802 HANVAN Rd DATE 1967			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00264 CERTIFICATE OF DEATH 00266 death, requires that the death certificate be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit pérmit. Then please remove carbon papers. Pages 1 and nation, o't renoval, and in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admissipp) p. COUNTY o. STATE b. COUNTY Baltimore Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2yr6mth28dys Mitchellville, Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? Spring Grove State Hospital 149A Church Road YES NO 3. NAME OF Middle 4 DATE First Month Dov Year DECEASED 1-12-67 Clarence Α. Fletcher (Type or print) DEATH 19 I IF JNDER 24 HRS S. SEX 8. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys Hours 1899 Male WIDOWED DIVORCED Negro 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) I(If yes give wor or dotes of service) Spring Grove State Hospital Records: 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular disease rise to immediate cause (o), DUE TO stoting the underlying couse the haspital ar attending os the prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been Generalized arteriosclerosis last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 WAS AUTOPSY PERFORMED? far use ( Health p MEDICAL CERTIFICATION YES 🗀 NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [ detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 1-12 19 67 that At (we) lost 21. I certify that 11) (this hospital) attended the deceased from 6-11-63 . 19 . to. and that death occurred ato. 1.2 M, from causes and an the date stated above. saw the deceased alive on 7-72 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING X 1-12-67 M.D. PHYS DIRECTOR PHYS. , page be filed 22d. ADDRESS 22c. PHYSICIAN'S Spring Grove State Hospital NAME (Type) Narcisco.Carmona, M.D. directar, shauld be Catonsville Maryland 230 BURIAL, CREMATION, REMOVALISPEUTY) Burlal 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) -17-67 Landover, Md. armony Cemetery 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. EMNERAL DIRECTOR VR A15 (4) DATEJAN Miariles 1967 20 M 1/66



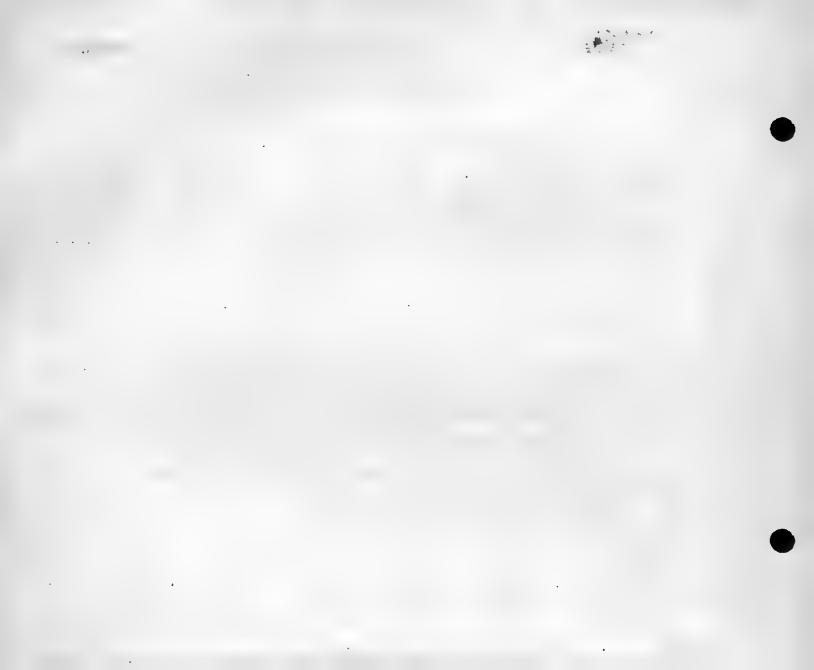
Division of STATISTICAL RESEA	CERTIFICATE		* 1	0267
1 PLACE OF DEATH q. COUNTY			e deceased lived, if institution: R b. COUNTY	
BALTIMORE	MARYLAND	MARYI		BALTIMORE V
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carparate limits, write RURAL ar	nd give nearest tawn)
FORT HOWARD	48 DAYS	TURNERS STA	ATION	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HOS	SPITAL	520 NORTH PI	ITTSBURGH AVENU	JE YES NO K
3 NAME OF First	Middle	Last 4.	DATE Month	Day Year
DECEASED (Type or print) HENRY	C	FOSTER	OF JANUARY	29 19 67
	NEVER MARRIED 8	DATE OF BIRTH		UNDER 1 YEAR  IF UNDER 24 HRS.  On this Days Hours Min.
MALE NEGRO WIDOWED	DIVORCED .	FEB. 2, 1920	) 46 yrs.	
10b USUAL OCCUPATION (Give kind of work done 10b Ki)	ND OF BUSINESS OR Dustry	11 BIRTHPLACE (County & Sto	ote, ar foreign country)	12 CIT ZEN OF WHAT COUNTRY?
during most of working life, even if retired) INI	703 IKT	CLARKE COUNT	Y. GEORGIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WILL HENRY FOSTER		BLANNTE		
is was deceased ever in U.S. ARMED FORCES? 16. S (Yes, na, or unknown) (If yes give war or dates of service) YES WW-11	OCIAL SECURITY NO. 17. IN	NFORMANT	Address	
YES WW-11 260	12 6277 CI	IN. REC., VAH	I, FT. HOWARD,	MARYLAND
1B. CAUSE OF DEATH (Enter only one cause per line for				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULM	ONARY TUBERCUL	OSIS ADVANCED		SEMONTHS
UC . L . 1 DUE TO				
Conditions, if any which gave ) (b)				
rise to immediate couse (a), Stating the underlying couse				
last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
DIABETES MELLITUS. CERE	BRAL ARTERIOSC	LEROSIS		YES NO 🔀
200 ACCIDENT WAS INDEPLYING TO 205 DES	CRIBE HOW INJURY OCCURRED. (		l ar Part II af item 1B)	
20c. TIME OF INJURY Manth, Day, Year 20d IN	an annual forter	E OF INJURY (Hame, farm, ary, street, affice bldg , etc.)	20f. (City or town)	(County) (Stote)
p.m. '' grwork	☐ at wark ☐			
21   Certify that (A (this hasnital) attend	led the deceased from D	EC. 12 196	6, to JAN. 29	
saw the deceased alive on JAN . 29,	19 <u>57</u> , and that	death accurred at		an the date stoted abov
22a. SIGNATURE	0	ATTENDING MED	STAFF 2	2b. DATE SIGNED
- Il - In the	M.D.	. PHYS. 🔲 DIRE	ECTOR STAFF PHYS.	1/29/67
PHYSICIAN'S NAME (Type) WON JU HAHN, M.D.		22d ADDRESS	HOWARD, MARYLA	IND
30 BURIAL, CREMATION, 23b, DATE THEREOF 2/2/1967	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(Caunty) (State)
DULTAL	BALTIMORE NATI		Y BALTIMORE, N	VARYLAND
24. FUNERAL DIRECTOR	Morton & Dy	yett 2Sa. REC'D BY	REGISTRAR 2SB REGISTR	AR'S SIGNATURE
	I/OI Laurer	as St. dateAN 3	1 1967 fcha	1
	Baitimore,	I'AL o		



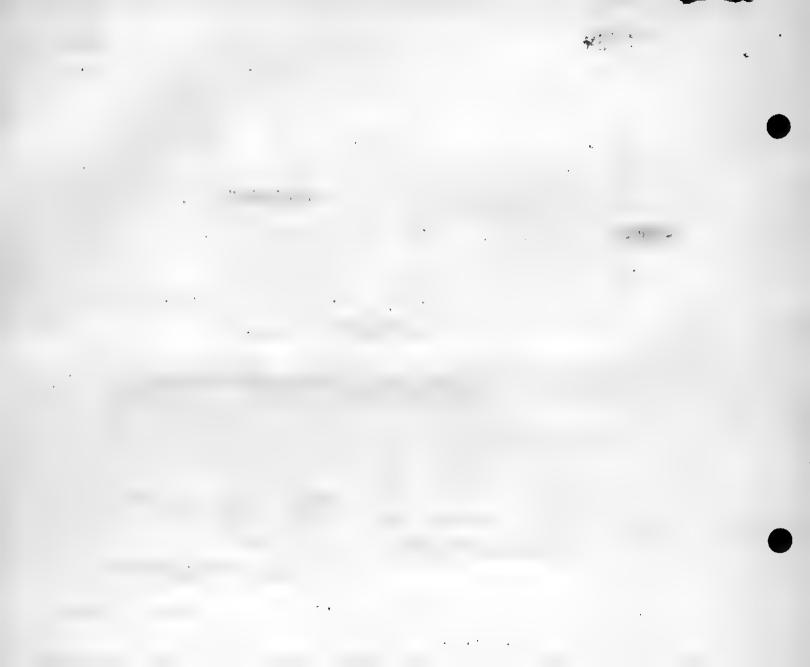
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00266 CERTIFICATE OF DEATH 00268 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. uneral 1 and 3 er death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before adm ssion) o. COUNTY h COUNTY o. STATE and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 autside carporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Tus TONS illed in 1 papers. d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled NAME OF Middle DATE Month Lost Doy Year DECEASED OF ENRV 12 JAN. Se (Type or print DEATH NEVER MARRIED AGE (In years YEAR S SEX 6 COLOR OR RACE 7. MARRIED OF BIRTH IF UNDER IF UNDER 24 HRS burthdoy) lost Months Doys Hours N/ WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY .5, 10 Never EMPLOYE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remova STO/ZENBACH WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 5514 Hentlerwood (If yes give war ar dates at service Б MINNIE cremation, TB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND CEATH burial-transit IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO signed ! burial, Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying cause prior to has been last GS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? TO CERTIFICATION NO certificate 200 ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) After this Hour o.m. factory, street, office bldg., etc.) While Not While at work 21. I certify that (1) (this-haspital) attended the deceased fram 194 / that (1) (we) las TO FUNERAL DIRECTOR: and that death accurred at 110 M. from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. OATE SIGNED **ATTENDING** STAFF directar, page 3 should be filed v M.O. PHYS DIRECTOR PHYS. 22d AODRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) BURIAL CREMATION 23b. **OATE THEREOF** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) LORRAINE Md.10 24. FUNERAL DIRECTOR 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI VR A15 (4) 1967 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00267 CERTIFICATE OF DEATH 00269 and 2 The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funefall remove carban papers. Pages f and in any event, within 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). a. COUNTY Maryland b. COUNTY Baltimore MARYLAND c City OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Baltimore Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4603 Manordenne Road Caton Ridge Nursing Home YES 🖂 NO 3. NAME OF DATE Year DECEASED (Type or print) CLARENCE GANNON OF January 22, E. 67 19 I IF UNDER 24 HRS S SEX AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIEO** last birthdoy) Months 2-23-1875 Davs Haurs Male White WIDOWEO 1 **OIVORCED** 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. during most of working life, even if retired) INDUSTRY signed by the attending physical kirial-transit permit. They please Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remay Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, ng. ar unknown) lift was give wor or dates of service Б Mrs. Elizabeth C. Reed, 4603 Manordene Rd. 216-05-7494 burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the haspital or attending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the priartat this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Haur om. Nat While factory, street, affice bldg . etc.) at wark at wark 2 1961, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram. O HOSPITAL OR ATTEND Page 4 may be retained 19 ( and that death occurred at 5 % M, fram causes and an the date stated above. saw the deceased plive an TO FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Jr. NAME (Type) 4605 Edmondson Avenue, Balto., Md. Dr. Cliff Ratliff director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b. OATE THEREOF (County) (State) REMOVAL (Specify)
Burial Mt. Olivet Cemetery Baltimore, Maryland 1-24-1967 AODRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mariles VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Avenue 21229



سليذ	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
*	를	E LIVI	UU268 CERTIFICATE OF DEATH DA270
	24 hours after déath.	funeral and r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY c. STATE
	ter		Daltimore MARYLAND Md. 21117 Ballimore
	, ea	by the sage is all	b. CITY OR TOWN (if outside corporate limits, write RORAL and give nearest town) write RURAL and give nearest town)
	not	ii "Se	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	24	aper aper	UN A FARM?
		ely f	3. NAME DF (First Middle Last   4. DATE Month Day Year
	executed within	completely filled in by the ve carbon papers. Pages levent, within 72 hours afte	OFFICE OF PRINT) WILLIAM A GAUNOY DEATH 1 23 1967
	rted	com ever	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
(7)	xecn	an and con e remove in any eve	Wale white WIDOWED DIVORCED   last DIVINIAN) Months Days Hours Min.
3	De e	an din	10a, USUAL OCCUPATION (Give kind of work done done lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
		ysic) pleas and	Shoes Baltimore USA
	ifica	g ph oval	13. FATHER'S NAME
	ert	E E	Meyer Goldberg  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address  Address
	ath	ed by the attending physician fransit permit. Then please , cremation, or removal, and in	(Yes, no, or unknown) (If yes give war or dates of service) No  217-01-9667 Mr. Emanuel A. Caynor, Caveswood Lane,
	de	the t pe ation	1.18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1
	Ē,	signed by urial-transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pheumonia 2 days
	thai	al-tr	337X DUE TO
	ires	n signe burial-t buriat,	Conditions, if any, which (b) (b)
	PHYSICIAN: The law requires that the death mertificate the hosnital or attending physician.	been the b	cause (a), stating the DUE TO SUFFICE TOURS OF THE SCREEN A MASS.
	law atter	has be e as the prior	
	The	cate r us ealth	YES NO
		certificate hed for use t. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	YSIC	this ce etacher Dept.	
	N A	After thi be det	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work 19 at work 19 at work 19
	24	2 ~ 0 0	21. I certify that (I) (this hospital) attended the deceased from Aug, 1966, to Jan 23, 1967, that (I) (we) last
	KITTINDI	<b>5</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	saw the deceased alive on 1967, and that death occurred at 75 M, from the causes and on the date stated above.
	ON K	RECTO 3 sho d with	22a. SIGNATURE 22b. DATE SIGNED
	. No.	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS
	Dage 4 may	TO FUNETAL DIRECTOR: director, page 3 should be filed with th	NAME (Type) 670 V Park Hghts AVE, 134LTO. Md.
	Page 4	direct Shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	F	= "	REMOTAL (Specify) 1/25/67   Hebrew Friendship Baltimore Markand  24. FUNERAL DIRECTOR ADDRESS (25a. REC'D BY REGISTRAR) SIGNATURE
	V/P	A15 (4)	and Distanting of 1907 Whater Indee
		N 1/65	Sol Levinson & Bros. Inc., 6010 Reisterstown   Dats Alv 30 1901 /



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00269 CERTIFICATE OF DEATH death. be executed within 24 haurs after death funeral Jand 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATEMaryland a. COUNTY **b.** COUNTY Baltimore Baltimore n by the fun rs Pages } havrs after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate hmils. Mt. Washington Mt. Washington ilfed in papers e. IS RESIDENCE ON A FARM? YES NO A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 filled Old Pitlico Road Old Pimlico Road 3. NAME OF First Middle 4. DATE Month carban Lost Doy Year DECEASED 1967 WALTER T. GEARY DEATH January 10 event, IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7. MARRIED **NEVER MARRIED** Babirthdoy) Months Dovs Male White Aug. 15, 1883 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done and in during most of working life, even if retired) Meat's COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME OR ATTENDING PHYSICIAN: The law requires that the death certifi remayal John Geary Mary O'Day attending p 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, go. or unknawn) (Ilf yes give war or dotes of service 0 218-32-3829 Howard W. Geary Old Pimlico Road cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b) and (r) PART I. DEATH WAS CAUSED BY: transit IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital ar attending stoting the underlying couse director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta has been lost PART II OTHER SIGNIFICANT CONDITIONS CONDENSUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? FICATION ufles NO this certificate 20o ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) SE SE Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: After ot work 196/, that (I) (we) las 21 1 certify that (1) (this haspital) attended the deceased from and that death occurred at\_ M. from causes and on the date stated above the-deceased olive an. 22d SIGNATURE 22b. DATE SIGNED ATTENDING MED. ( LAUC M.D. PHYS 22d-ADDRESS 22c. PHYS.CIAN'S NAME (Type) William G. Helfrich. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION, Bur Lal (Specify) 1/13/67 New Cathedral Baltimore, Md. 0 2So. REC'D BY REGISTRAR 2Sb. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 196 Ullrich Funeral Home 4210 Belair Road. 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00270 00272 requires that the death certificate be executed within 24 haurs after death Poddi completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE **b** COUNTY rellange MARYLAND b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) write RURAL and give nearest-town IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS YES NÔ 3 NAME OF Year Doy DECEASED OF DEATH 196 jamin 9. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours arkita DIVORCED 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Richmond, Va. Betired Self Employed Poultry the attending physical 14. MOTHER'S MAIDEN NAME William H. Gettings Sr. Mary Crump WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 21215 no, or unknown) (If yes give was or dates of service) 218-14-3947 Mr. William H. Gettings Jr. 5402 Clover Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit p DNSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stating the underlying couse the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? NO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar jo 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour om Not While foctory, street, office bldg., etc.) of wark , 19<u>6</u>/that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. \_\_\_\_, 196 D\_, to\_\_\_ 1-3 1-3 1966, and that death accurred at Loc M, from causes and an the date stated above. saw the deceased alive an\_ DATE SIGNED 220 SIGNATURE ATTENDING M.D. DIRECTOR director, page should be filed PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 1/6/67 Druid Ridge Cemetery Pikesville. Burial
24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR JAN 6 Loring Byers-8728 Liberty Rd. Randallstown. Mout

MARYLAND STATE DEPARTMENT OF HEALTH



24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

DATE

law requires that the death certificate be executed within 24 **burial-transit** shauld 0 VS A35 (4) 1SM 9/SB

23 FUNERAL DIRECTOR'S SIGNATURE

Witzke F. D. - 4101 EdmondsonAve.

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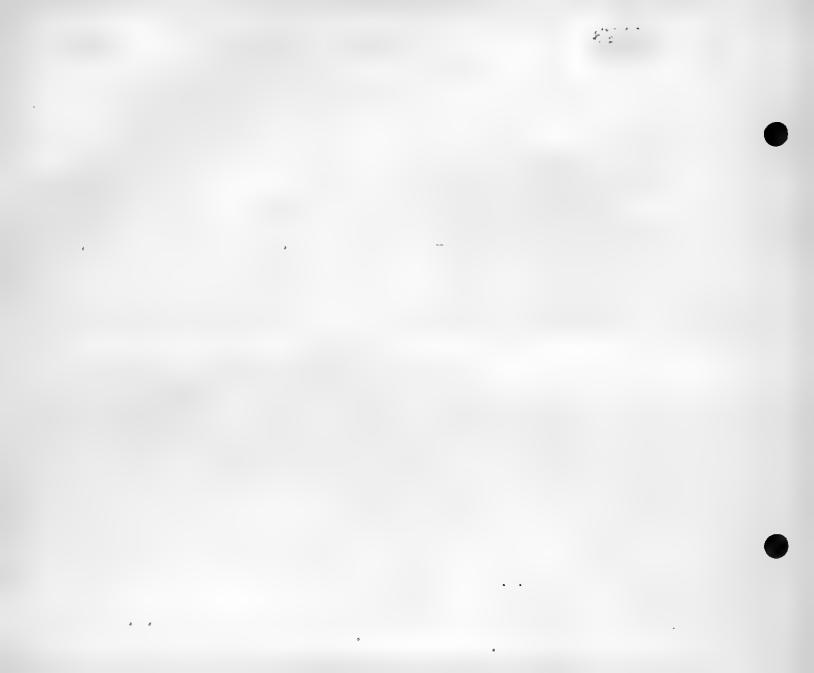
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MARYLAND STATE DEPARTMENT OF HEALTH



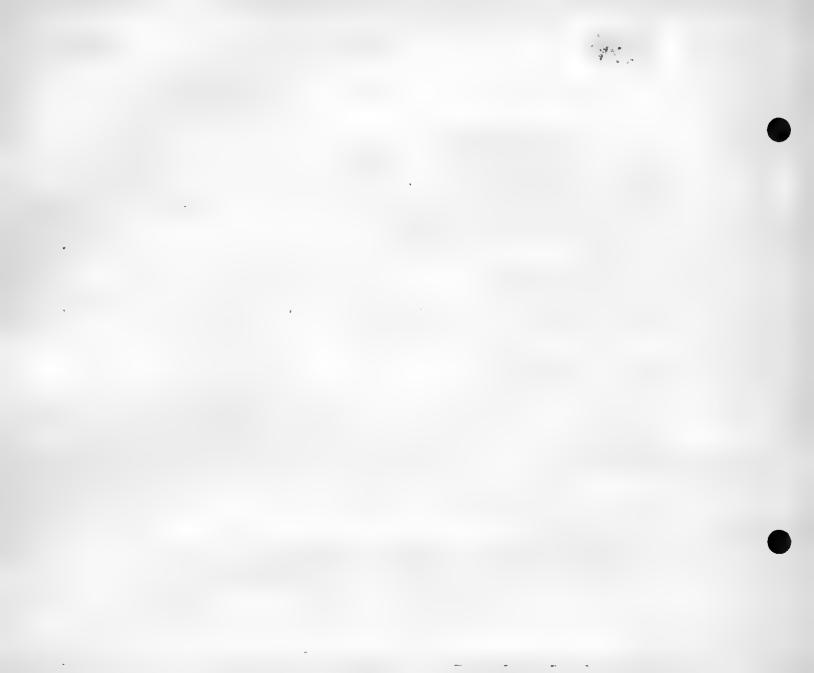
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00273 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral fremove carbon gapers. Pages 1 and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence PLACE OF DEATH b COUNTY Baltimore o COUNTY o. STATE Maryland Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Parkville CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURA), and give nearest town) Baltimore e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STRFET ADDRESS 3131 Acton Road 3131 Acton Road NO 3 NAME OF First Middle Last DATE Manth Day Year DECEASED William H. Good 11. 19 67. January (Type or print) DEATH IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF JNDER I YEAR NEVER MARRIED lost-birthday) Months White December 12.1904 Male WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done during most of working 1 ie, even if retired)
Retired 11, BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR INDUSTRY Steel 12 CITIZEN OF WHAT COUNTRY? IISA West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine McGinnes William Good signed by the attending burial-tronsit permit. Th 16. SOCIAL SECURITY NO 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes give war or dotes of service) Mrs. Edna D. Good (Same) 5 213-07-0300 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stating the underlying couse this certificate has been lost. WAS AUTOPS: PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour am factory, street, office bldg , etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 19 47 to 4 5 cm . 13 19 6 (, that (1) (we) last 7 arch be retoined -. 161967, and that death occurred at 11:30 PM, from causes and on the date stated above saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 1/16/67. Greenmount Crematory Baltimore. Md. REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. m 21214 VR A15 (4)



7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	276
HEALTH DERT	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence to	pefore admission)
≈ 5 8 €	o COUNTY Baltimore MARYLAND O STATE Pennsylvania b. COUNTY YOU	rk
delay 15 ond 3 to M3. Poge tment/of	b. CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give ne	
	Parkton Stewartstown	15 2
J. Z.	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS	e S RESIDENCE ON A FARM?
es l form form	Baltimore - Harrisburg Expressway   Mill Street	YES NO X
Pog ith Sto	3 NAME OF First Middle Last 4 DATE (Found Jonth OF	Day Year
r d y w the	(Type or print) WILLIAM C. GRAFTON DEATH January	23 19 67
rs ofter death 18. Give Pages e along with for 2 with the State 2th.	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B. DATE OF BIRTH 9 AGE (1 years FUNDER 1 YE lost purinday) Months Do	EAR IF UNDER 24 HRS
24 hours ofter death. If a increase 1, and a single along with form es lond 2 with the State Delager death.	Male White W.DOWED D VORCED March 22, 1900 66 yrs	173
hour lond	100. US_AL OCCUPATION (Give kind of work done libb KIND OF BUSINESS OR 11 BIRTHPLACE (State ar foreign country) 12 CITIZE during most of working life, even if retired) INDUSTRY COUNT	N OF WHAT
24 hour of the state of the sta	during most of working life, even if retired)  Laborer  INDUSTRY Painting Harford Co., Maryland U	·S.A.
in i	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
Id be executed within 24 hours of pending" in pencil jarthem 18 Chief Medicol Examina (1997) e fronsit permit File pages lond 2 weent within 72 hours ofter death	John H. Grafton Elizabeth Fletcher	
in in Ex	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address TVF 17 7	Street
executed ading" ir Medicol I permit	(Yes, no, or unknown) (fyes give war or dates of service) No 220-22-0032 Mary E. Grafton Stewartstor	
mdir Med per	1B CAUSE OF DEATH (Enter on y one cause per line for (a) 1b) and (c))	INTERVAL BETWEEN
should be e ne word "per to the Chief I burral tronsit	PART I. DEATH WAS CAUSED BY:  Arteriosclerotic Heart Disease  Arteriosclerotic Heart Disease	ONSET AND DEATH
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	DUE TO	
shou the unal	Canditians, if any, which gave ) (b)	
the solution of the solution o	rise to immediate couse (o), Storing the underlying couse DUE TO	
ficote s ring the rded to as o bu	lost. (c)	
vriti von von	PAST I OTHER SIGNIFICANT CONDITIONS CONTRIR TING TO DEATH RIT NOT PERATED TO THE TERM NAI DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
This certificate, write forwood be used removal,	E 200 EXTERNA. CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of .tem 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	AEZ X NO
The se se re-	20g EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of incry in Part II or Part II of Item 18)	G-1 [_]
INER: This certificate should be executed within 2 in certificate, writing the word "pending" in pencil is should be forworded to the Chief Medicol Examinatilies.  Sabould be used as a burial transit permit file pages ton, or removal, and in any event within 72 hours of		
INE e co sho sho sho sho sho sho sho sho tion tion	20c TIME OF INJURY Manth, Day, Year 20d NJRY OCCURRED 20e PLACE OF INJURY (Hame, farm Haur a.m. 20f (City or town) (Caunty factory, street, affice bldg., etc.)	y) (State)
EXAMINER ute the cer uge 4 shou your files. Page 3 sho cremation,	Hour a.m.  While Not While factory, street, affice bldg., etc.)  If al work of wark	
MEDICAL EXAMINER: leose execute the certification. Page 4 should etained for your files. DIRECTOR: Page 3 should to buriel, cremation, o		and in my ap nian
se exector. Por ned for ECTOR: burnal,	a eoth resulted fram. Natural causes Acadent , Su'cide , Homiciae Undetermined monner	5114 111 op
Section Sectio		
MEDICAL EXA please execute director. Page estained for you pixely burner to burnel, crem	SIGNATURE ( Lacles & Cester . M.D. ASSISTANT MED CAL EXAM NER 🔀	22. DATE SIGNED
TY   Y,     Siral   Se r	EXAMINER'S DEPUTY MEDICAL EXAMINER	1/24/67
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	NAME (Type) Charles S. Petcy Address (Street, city, tawn, or county)	2,2-,0,
D DI nece the the S mc S mc Heal	23a BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Co	ounty) (State)
5 = - 25 = 2	Burial 1/26/1967 William Watters Cooptown Harf	ord Md.
10	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGN	VATURE
VR A15ME (5) 6M 1/67	Charles E. Kurtz Jarrettsville, Nd. DAME JAN 27 1967 Schore	les Judge

Items 18&21 Film 385 2-1 MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RE	ARYLAND STATE DE SEARCH AND RECORDS	PARTMENT OF HEA 3. 301 W. PRESTON STR	LTH EET, BALTIMORE 1, MARYLAND
1 86225	CERTIFICAT		00277
Detact of Death  a. COUNTY  Baltimone (ounty  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Council  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Council  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Council  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Council  council  council  d. NAME OF HOSPITAL OR INSTITUTION (if not  504 Alleohany Aven  3. NAME DF  DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  WIDOW  10a. USUAL OCCUPATION (Give kind of work done)  10b. Housews  10a. USUAL OCCUPATION (Give kind of work done)  10b. Housews  10c. USUAL OCCUPATION (Give kind of work done)  10b. Housews  10c. USUAL OCCUPATION (Give kind of work done)  10b. Housews  10c. USUAL OCCUPATION (Give kind of work done)  10c. USUAL OCCUPATION (Give kind of			deceased lived, If institution: Residence before admission)
Baltimore County	MARYLAND	a. STATE Marylan	d b. county Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)    Ownson	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest town)
lowson /owson		Towson	
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
3. NAME DF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARR	ше	504 Allegh	any Avenue YES NO 🛭
3. NAME OF First DECEASED	Middle	OF	TE Month Day Year
5. SEX   6. COLOR OR RACE   7 MARR	J. Towers Gras	on DE	ATH January 25 1967
7. MARK	THE THE MANAGEMENT TO THE	8. DATE OF BIRTH	9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HRS   last birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done   10	DIVORCED DIVORCED	Jept. 0, /88/	yrs.   tate, or foreign country)   12, CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	10 14	COUNTRY?
13. FATHER'S NAME	own home	Vest Virginia	
W.H. Powers		Louisa Shel	Ley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service))	16. SOCIAL SECURITY NO.   17.	INFORMANT	Address
(11 yes give war or dates of service)		Family record	4
18. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).]	7	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	EREBRAL 7	THROMBOSIS	APP 2 WEL
JUNA DUE TO PO		10-50	2.55
Cenditions, If any, which gave rise to immediate	ENGRANCES I	arteriosche	E03/A
cause (a), stating the DUE TO			
underlying cause last. ) (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE I	CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CATI			PERFORMED? YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTI	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury I	
를 20c. TIME OF INJURY Month, Day, Year 20	facto	CE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20 Hour a.m. W p.m. 19 at	hile Not While Work	nj, ad eer, onice bidg., erc.)	
21. I certify that (I) (this hospital) atte	11141	arch 24, 1955	to JAN 25, 1967, that (1) ( last
saw the deceased alive on JAN	2 <b>9</b> 19 <b>67</b> , and that		, from the causes and on the date stated above
22a. SIGNATURE	e L^	ATTENDING MED	STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S	S PE M.C	ATTENDING MED. PHYS. DIRECTO	R ☐ STAFF ☐ Jan. 26, 1967
	ski, M.D.	206 W. Penns	Alvania Ave., Towson, Md.
	1 23c. NAME OF CEMETERY		
23a. BURIAL CREMATION, 23b. DATE THEREOF BURIAL (Specify) 1/28/67	Prospect Hill		Towson, 1'd. 21204
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY R	
John Burns Sons 610-12	York Road Towson	DATE JAN	31 1967 00/ 1
			Judge Judge



DIVISION	OF STATISTICAL		ORDS, 301 W. PRES		LTIMORE 1, MA 0 0 2	
00276		CERTIFI	CATE OF DEA	111	002	10
a. COUNTY	H		2. USUAL RESIDE	NCE (Whare daceneed li	ved, if Institution: Reside	nce before admissi
BA.	TIMORE	MARYLA	ND MUD	r	DAL	70
b. CITY OR TOWN write RURAL a	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY	IN 16 c. CITY OR TOWN	(If outside corporata limi	its, write RURAL and give	neeresi town)
GARRI		19M6 + 53M	IS	MESVIWHE		( e. IS RESIDEN
d. NAME OF HOS	1 1	of in hospitel, give street address		0-		ON A FAR
NAME OF	IGH HURSH	AC HOWR	1726 Howa	A. DATE	Month Da	YES NO
DECEASED (Type or print)	Sallis	777,4278	Granes	OF DEATH CA	14	10.7
. SEX	16. COLOR OR RACELS	MARRIED NEVER MARRIED	B. DATE OF BIRTH	100	n years   IF UNDER I YEAR	R   IF UNDER 24 HR
FEMALE	0.	IDOWED DIVORCED	3-9-18	92 Yest birt		
loa. USUAL OCCUP	TION (Give kind of work	106. KIND OF BUSINESS OR IN	IDUSTRY 11, BIRTHPLACE (Co	unty & Stele, or foreign c		OF WHAT COUNT
done during most of	rorking life, even if retired)					
13. FATHER'S NAME	-		14. MOTHER'S MAIDE	NAME		
ROSEWE	LL W GR	RAUES	SOPHIA	LWYA	11	
	VER IN U.S. ARMED FORCES (If yes give wer or dates of servi		17. INFORMANT	24 61	Address Bafting	ne 21700
216	Jone.		IM birtiter K.	Musalt 151	10 11 decus	Fane.
	DEATH [Enter only one cer TH WAS CAUSED BY:		1 .1.1	2 41		NTERVAL BETWEEN ONSET AND DEATH
PARI I. DEA	IMMEDIATE CAUSE (e)	Cerebral Va	ocular activity	a NO hern	prega	2 Whs
1.331	DUE TO				4 0	
Conditions, if a	diele causa				-	an ar terrenan
(a), stating the causa last.						
	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITI	ON GIVEN IN PART I(e)	19. WAS AUTOI
OI W						PERFORMED YES NO
PART II. OTE	WAS UNDERLYING []   20	DE DESCRIBE HOW INJURY OF	CCURED, (Enter nature of injury :	n Pert I or Pert II of Item	1B.)	
- '	G CAUSE OF DEATH					
20c. TIME OF IN		20d, INJURY OCCURRED 2 While Not While	De. PLACE OF INJURY (Home, factory, street, office bldg.,		(County)	(State)
Hour a.m	44	et work et work		1		
21. I certify	that (I) (this hospital)	attended the deceased	from	, 1959 to		that (I) ( <del>wa)</del>
saw the dece	ased alive on	3 Jan 1954 and	that death occurred at	213 M, from the ca	fuses and on the d	
22e. SIGNATUR	0.0		ATTENDING	MED. STAF		22b, DA SIG
	Vane Re	The	M.D. PHYS	DIRECTOR PHYS	· Ll	12 my 19
00 011101010111	Y	mand . A	220. ADDRESS	, /	111 / 7 -	111712
22c. PHYSICIAN NAME (Ty		Royse	1403 fol	eyla Pi	Kesuille	140
NAME (Ty)	TION 234 DATE THEREO		ETERY OR CREMATORY	-7	City, town or county)	/V/O (Stote)
NAME (Ty	TION 234 DATE THEREO			23d. LOCATION (	City, town or county)	145 (81010)
NAME (Ty	TION, 23b; DATE THEREO			23d. LOCATION (		145 (Stote)

\$ 3 m

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00277 00279 requires that the death certificate be executed within 24 haurs after death and ). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE NO o. COUNTY **MARYLAND** in by the faces b CITY OR TOWN (If outside carporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) New York d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 Collage Manor Nursing Home completely filled Statutate / 44 and up YES NO [ 3. NAME OF Middle 4. DATE carban Manth First Lost Day Year DECEASED (Type or print SS DEATH 19 6 IF UNDER 1 YEAR S SEX IF UNDER 24 HR 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** remaye birthday) Months Doys Hours female Whi to July 25, 1877 and in any WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT hysician c during most of working life, even if retired) COUNTRY? INDUSTRY Maryland Mursine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dunlap Katherine Amasie Thompson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) fr. H. Thompson Bosce 11/14 Juderwood Rd signed by the atter burial-transit perma burial, crematian, o CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO enor cleraris Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES [ NΩ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While at work at work 19<u>6</u> (that (1) (web) last 2). I certify that (I) (this haspital) attended the deceased fram 19/07, and that death accurred at 10 A M, from causes and an the date stated above. saw the deceased alive an 22b. DATESIGNED 22o. SIGNATURE ATTENDING PHYS. (n M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Page 4 may NAME (Type) West University Pkway William F. Fritz. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial Baltimore Md. Greenmount 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR FFB 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond death The law requires that the death certificate be executed within 24 hours after death funerol l ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b COUNTY O STATE BALTIMORE MARYLAND ANNE ARUNDEL on papers. Pages I within 72 hours after b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 61 DAYS CROWNSVILLE Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES T NO 3 NAME OF First Lost 4. OATE Month Year Cav OECEASEO OF DEATH JOSEPH WTT.T.TAM GRAY 1967 JANUARY 11 (Type or print) 5 SEX B OATE OF BIRTH AGE (In years IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** lost birthdoy) Months Dovs Haurs MALE NEGRO DIVORCED OCT. 29, 1914 gud 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? IOTHIAN. MARYLAND U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE GRAY MARY WHITTINGTON 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) 218 12 90 37 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) SQUAMOUS CELL CARCINOMA OF LUNG WITH METASTASIS DUF TO Conditions, if ony, which gave (b) rise to immediate cause (a). **OUE TO** stoting the underlying couse WAS AUTOPSY PERFORMEO? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TE CERTIFICAT certificote OR ATTENDING PHYSICIAN: 20e ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED:CAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work of work 21 | certify that (1) (this haspital) attended the deceased from 11/11/66 \_\_\_, that 🙀 (we) las and that death accurred at 9:00PM, from causes and on the date stated above saw the deceased alive are TO FUNERAL DIRECTOR: 22n SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3E DIRECTOR M.D PHYS director, poge shauld be filed 22d ADDRESS 22c PHYSTCIAN S PETER JUVAN, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION** DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) LOTHIAN, MARYLAND LOTHIAN CEMETERY BURTAL 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE **ADORESS** 24. FUNERAL DIRECTOR 198



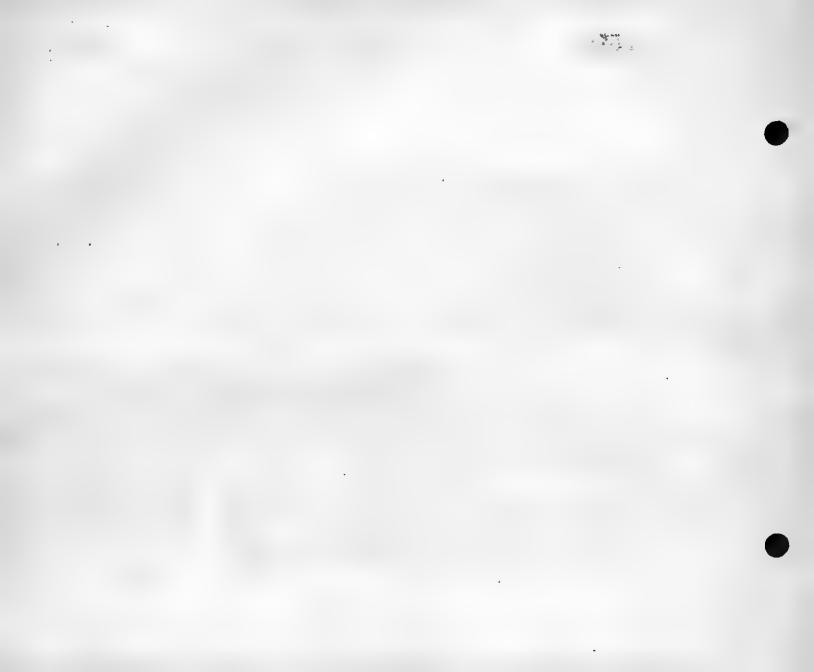
4	W1 -	MARY Division of STATISTICAL RESEARCH A	'LAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BAL'	TIMORE, MARYLAND 21201
	M = (M)	00279	CERTIFICATE OF DEATH	00281
	within 24 haurs after death tely filled in by the funeral ban papers. Pages I and within 72 haurs after death	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND O. STATE Maryland	osed lived, if institution. Residence before admission) b. COUNTY Baltimore
	aurs aft by the Pages naurs aft	write RURAL ond give neorest town) Woodlawn	Baltimore	orote limits, write RURAL and give nearest town)
	led in 72 h	d NAME OF HOSPITA. OR INSTITUTION (If not in hospitol, give street 2707 Gwynnmore Avenue	d STREET ADDRESS 2707 Gwynnmo	re Avenue    O IS RESIDENCE ON A FARM?   YES   NO   NO   NO   NO   NO   NO   NO   N
	withir etely fill the state of	3 NAME OF DECEASED (Type or print) Charles Edward Gr	Middle Lost 4 DATE	
	and completely promote to born on the completely compare to born on the compare to born the compare to the complete to the com	Male White WIDOWED	NEVER MARRIED   8 DATE OF BIRTH  DIVORCED   2-13-1899	9. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS   lost birthdoy)   Months   Doys   Hours   Min   Min
	ate be circian and into	100 USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  Tool & Die Specialist	Baltimore	foreign country) 12 CITIZEN OF WHAT COUNTRY?
	certificate b g physician ihen please maval, and 1	Louis Grewe	14. MOTHER'S MAIDEN NAME Elizabeth.	
	death trending rmit. I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 216-03		Address 2707 Gwynnmore Ave.
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. e haspital or attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please remaye cation papers. Pages 1 and 2 Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse last.  (c)	god (1) fatic Barcinoma iv Selevitie Heart	Length - 2gr
	PHYSICIAN: The law re the haspital or attending this certificate has been stacked far use as the Dept. of Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES \( \bigcap \  \text{NO} \)
	G PHYSICIAN the haspital of this certifical detached far te Dept. af He	OR CONTRIBUTING CLAUSE OF DEATH	OW INJURY OCCURRED (Enter noture of injury in Port I or P	Port (I of item 18.)
	binG PHYSIC by the haspi After this certi be detached State Dept. a		CCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(City or town) (County) (State)
	OR ATTENDING De retained by the MECTOR: After in 3 should be ded with the State	21. I certify that (I) (this haspital) attended the saw the deceased alive an	e deceased from Nov. 17, 1966, _1967, and that death accurred at 78	M, from causes and an the date stated above
		220. SIGNATURE Land L. Chamber 22c PHYSICIAN'S	M.D. ATTENDING MED DIRECTOR  22d. ADDRESS	STAFF 22b. DATE SIGNED
	Poge 4 may O FUNERAL I director, pog should be fill	NAME (Type) Ear/ L. Chambe	er 5 - 4108 Liber	ty #5 Batte had
	Page FO FUN direct shoul	Burial 1-30-1967 Lo	orraine Cemetery Bal	(County) (Stote) (State) (State) (State) (State)
	VR A15 (4) 20 M 1/66	24 FUNERA DIRECTOR 4600 Liberty	ADDRESS ADDRESS AVEnue  250. REC'D BY REGIS DATE JAN 3	of 1967 Hegistran's signature of 1967

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00282 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY Baltimore o STATE Maryland b. COUNTY the State Department of Baltimore MARYLAND b CITY DR IDWN (f outside corporate limits, write RURAL and give nearest town) c LENGTH DE STAY IN 1h c CITY DR TDWN (if outside corporate ..m.ts, write RURAL and give nearest town) 5 Years Dundalk Dundallk d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office olong with form 2005 Frames Road 2005 Frames Road NO EXC This certificate should be executed within 24 hours after deoth 3 NAME OF Erst M ddle 4 DATE LOST Month DECEASED Laurie Griffin Elmer 1967 January DEATH 8 DATE OF BIRTH NEVER MARRIED IF UNDER 1 YEAR S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED lost birthdov) Months 6/22/90 Mele White ofter deoth, W DOWED D YORCED 10a USUA, DCCLPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U. S. North Carolina penci! 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME te certificate writing the word 'pending' in pencity should be forwarded to the Chief Medical Exgrains. Jim Griffin Elizabeth Griffin 6 SOCIAL SECURITY NO 17 INFORMANT (Son) in any event within 72 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 21224 (Yes, no, or unknown) (If yes give wor or dotes of service) 237-28-8158 James Griffin 1420 Bonsol St. Balto. Md. 18 CAUSE OF DEATH (Enter only one cause per ne for (o) (b) ond (c))
PART I DEATH WAS CAUSED BY

PART I DEATH WAS CAUSED BY

AS C-V-DISERSE NTERVAL BETWEEN DNSET AND DEATH IMMEDIATE (ALSE (O) writing the word DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMUNAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? or removol, CERTIFICAT ON ND YES -200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED Lepter hoture of in cry in Port I or Port II of tem 18) 3 should PRIMARY OF CONTRIBUTING **CAUSE OF DEATH** 20c TME OF NJURY Month, Day, Year Hour a.m. 20e PLACE OF INJURY (Home, form 20f (City or town) 20d INJURY OCCURRED While Not While of work foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge 2) I certify that I took charge of the remains described above, held an Autopsy , Inspection for Inquiry for and in my apinion Natural causes [47]. Accident [17], Suicide [17], Hamicide [17], Undetermined manner [17] death resulted fram CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER Dundalk, Md. 1/13/67 **EXAMINER'S** Melvin B. Davis Address (Street, cty, town or county 6800 Mornington Rd. M.D. NAME 'Type' 23c NAME OF CEMETERY DR CREMATORY Cemetery Rosebud Christian Church 23b DATE THEREOF 23d LOCATION (City of Town) 230 BURIAL, CREMATION, Walnut Cove, N. C. 25g REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) John J. Duda 7922 Wise Ave. Dundalk, Md. Minutes Judge 1967 6M 1/67 DATE AN

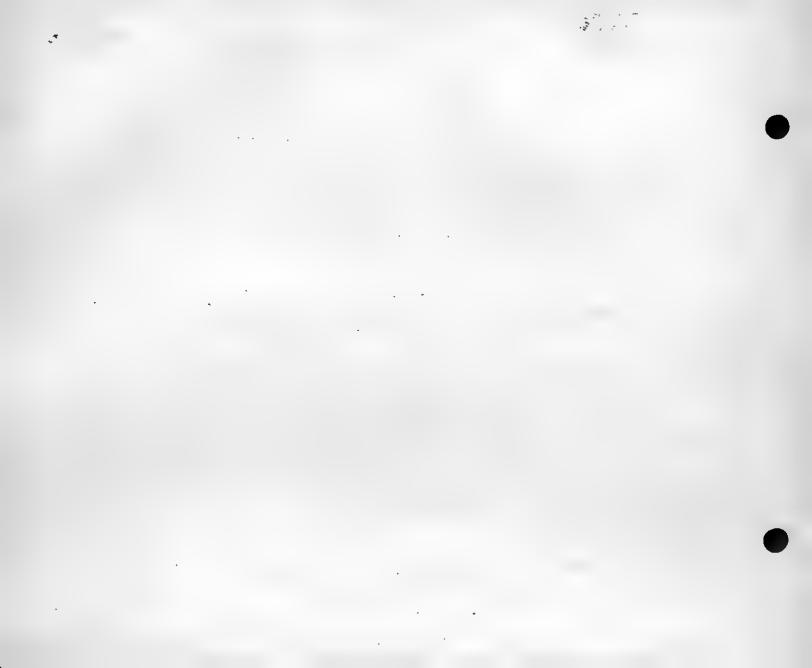
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00281 00283 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if not tution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Baltimore Maryland ompletely filled in by the furve carbon papers. Pages 1 event, within 72 hours after MARYLAND Baltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Arbutus Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Summit Nursing Home 1310 Poplar Avenue YES NO X NAME OF Middle 4. DATE Month Year completely DECEASED MARIE **GROSS** January 4, 1967 (Type or print) S. SEX IF JNDER 24 HR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthday) 12-21-1879 Hours Female White ond in any WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please INDUSTRY physician Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, George Alheit Agnes Albright IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Edna Button, 1310 Poplar Ave. 21227 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO for use as the t Health prior to b stoting the underlying couse this certificate hos been WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Dov Year 20d INJURY OCCURRED (City or town) (County) Not While foctory, street, office bldg., etc.) of work 21. I certify that (I) (this haspital) attended the deceased from be retoined and that death accurred at 1000M from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS M.D DIRECTOR , poge 3 be filed PHYS 4001 Wilkens Ave, Balto., Md. 21229 TO HOSPITAL Poge 4 moy b 22c PHYSICIAN'S Earl I. Pass NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City of Town) REMOVAL (Specify) Baltimore, Maryland XXXx 1-7-67 Loudon Park Cemetery Burial 256/ REGISTRAR'S SIGNATURE ADDRESS. 24. FUNERAL DIRECTOR 21229 Howard H. Hubbard, 4107 Wilkens Ave.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE TO HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE 2, and 3 to PM3. Page b. COUNTY 0 Raltimore hours after death MARYLAND Maryland Baltimore b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Deportment c CITY OR TOWN ( flouts de corporate limits, write RURAL and give nearest town c .ENGTH OF STAY IN 16 Baltimore Rural Baltimore Rural d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS S RES DENCE ON A FARM? olang with form 34 Yorkway 34 Yorkway in Item 18 Give Poges ote YES 🗔 NO 24 hours after death 3 NAME OF 4 DATE First Lost Month Doy Year DECEASED FRANCES M/ HABICHT 67 January 14 (Type or print) DEATH 19 9 AGE (In years lost birthdoy) S SEX B. DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours August 25, 1909 WIDOWED DIVORCED Female White Office 11 BIRTHPLACE (State or foreign country) 10o JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Maryland At home Examiner's ony poges pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Frank Urbancik Mary Shrachovec and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. Chief Medical removal. 213-05-3520 Carl W. Habicht 34 Yorkway 21222 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: **ONSET AND DEATH** Compression of Cervical Spinal Cord used os o buriot-trans burial, cremotion, or IMMEDIATE CAUSE (o) e, writing the word forwarded to the Cl DUE TO Condition: fony, which gove (b) Fracture of Cervical Vertebra, C4. rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES X NO designated agent, prior to 4 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18.) 3 should PRIMARY TO CONTRIBUTING FLAL EXAMINER: CAUSE OF DEATH Fall down steps 20c TIME OF IN. RY Month, Doy Year Hour XXXX 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) Not While factory, street, office bldg, etc.)
Home FUNERAL DIRECTOR: Page 1967 1/14 Baltimore Md. of work 21. I certify that I took charge of the remains described above, held an Autapsy 🔀 Inspection Inquiry and in my opinion the funeral director, Accident X Suicide Homicide deoth resulted from: Natural couses 7 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL aller 3 TO FUNERAL DI 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER (XX SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1/15/67 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Baltimore Co., Md. BREMOWA (Specify) 1/18/67 Gardens of Faith 250 REGIDARY REGISTRAR 19676 REGISTRAS SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Ullrich Funeral Home Dundalk, Md. DATE 6M 1/66



_	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1-/-	£ 72 £		00283 CERTIFICATE OF DEATH 00285
	ate be executed within 24 hours after death, rissial and completely filled in by the funeral please remove carbon papers. Pages I and 2 il, and in any event, within 72 hours after death.	1.	
	n by th Pages Ours aft		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)
	24 hours filled in b papers. Pain 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \[ \] NO \[ \]
	within spletely sarbon nt, with	3.	
	executed within a and completely remove carbon in any event, with	5.	SEX  6. CDLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  WIDOWED  DIVORCED  APRIL 26, 1920  46 yrs.  WIDOWED  DIVORCED  APRIL 26, 1920  HOURS Min.
	sie an and in	1D du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b. Kind of Business or industry  11b. Birthplace (County & State, of foreign country)  12. CITIZEN OF WHAT COUNTRY?
	ng the plant moval,	13	JAMES D. HARDY LMNA BALLADARSCH
	leath ce attendi ermit. i		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17, INFORMANT  es, no., or unknown) (If yes give war or dates of service)  212-01-4271 Mrs. Sames Johnson 309 January 100-100-100-100-100-100-100-100-100-100
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician.  this certificate has been signed by the attending produced for use as the burial-transit permit. Then ple e Dept. of Health prior to burial, cremation, or removal, a		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)
	HYSICIAN: The law he hospital or atten this certificate has letached for use as Dept. of Health prior	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
	ING PHYSICIAM.  d by the hospital  After this certifi  I be detached fo  State Dept. of H		2Da. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	at e it o	MEDICAL	2Dc. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   2Df. (City or town) (County) (State)   2Dm.   19   at work   2Dm. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   2Dm.   2Dm.
•	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		21. I certify that (1) (this hospital) attended the deceased from teb. 5, 1934, to aw 1, 1967, that (1) (we) last saw the deceased alive on 3 aw 1, 1967, and that death occurred at 43 M, from the causes and on the date stated above.  22a. SIGNATURE  ATTENDING MED. STAFF 13/67  22c. PHYSICIAN'S NAME (Type) KENNARD YAFFE 22d. ADDRESS 750, Forest Park Cele
	TO HO Page TO FUI direc	23	Buriel 1-4-66 Junda Pak Cen. Bollo. In.
	VR AI5 (4)	24	Tarley-Covernay Lotte. Catonsvilly, Incl., DATE JAN 6 1967 Achieves Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Yewsen Baltimore Maryland Backkimore a. STATE b. COUNTY pages 1 and 2 with the State Department of MARY AND b CTY OR TOWN (If autside carparate mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and a ve nearest tawn) Baltimore #14 d STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Office along with farm X 1905 Swansea Rd. St. Joseph Hospital YES NO NAME OF Middie 4 DATE Last Month Day Year DECEASED OF Harrell (Type or print) Marv Mizabeth 14 19 67 DEATH 9 AGE ( n years 1F UNDER 1 YEAR FUNDER 24 HRS 6. COLOR OR RACE 7 MARR ED B DATE OF BIRTH NEVER MARRIED birthday Manths Haurs 8-981913 WIDOWED and in any event within 72 hours ofter death DIVORCED Oa. USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare gn country) 12 CITIZEN OF WHAT during most of working life, even if ret red) .NDUSTRY North Carolina COUNTRY? TISA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Gary Sullivan Unknown This certificate should be executed with F. 8 pleose execute the certificate, writing the word "pending" in padirector. Page 4 should be forworded to the Chief Medical Exom IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na grunknawn) (If yes give war ar dates af serv ce) 214-22-9961 Mr. Wesley B. Harrell (Same) 18 CAUSE OF DEATH (Enter only one cause per line 16-(a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE ( Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last cremation, or removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GROWN IN PART HIGH 19 WAS AUTOPS!
PERFORMED? FICATION NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item IB) 3 should CERT PRIMARY I or CONTRIBUTING I **CAUSE OF DEATH** 20c T.ME OF .N.J., RY Manth, Day, Year Haur a.m. 20d .NURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (Caunty) (State) Nat While factory, street, affice blog., etc.) may be retained for your FUNERAL DIRECTOR: Poge at work at wark Inspection Inquiry . 21. I certify that I taak charge of the remains described above, held on Autopsy .... and in my opinion prior to buriol, death resulted from Natural couses Accident \_\_Suicide Homicide Undetermined manner funeral director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/14/67. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) CHARL Address (Street, city town, or county) O'DONNELL. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE THEREOF (County) (State) 0 Lakeview Mem. Cemetery 1/18/67. REPOYM Emgly) Eldersbarg Carroll. Md. 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR liantes VR A15ME (5) Leonard J. Ruck, Inc. Balto. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) deat PLACE OF DEATH o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND MARYLANO c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, FORT HOWARD neorest town) oan papers Pac within 72 haurs 59 DAYS BALTIMORE and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 530 SOUTH HANOVER ST. YES NO XX NAME OF First Midd a 4. DATE carban Month Lost Doy Year DECEASED ROBERT **ABRAHAM** HART 19 67 JANUARY 2 (Type or print) DEATH IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Months birthdoy Dovs Hours MALE NEGRO WIDOWED DIVORCED APRIL 19. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
CHAUF FEUR INDUSTRY **COUNTRY?** FRANKLIN, VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JUNIUS HART MINNIE WELLS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO VA HOSPITAL (Yes, no or unknown) (If yes give wor or dates of service) YES 217 22 91 26 S.A.W. CLINICAL RECORDS FORT HOWARD. MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit WANTAND CARCINOMA HEAD OF PANCREAS IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if dny, which gove rise to immediate couse (a), DUF TO stoting the underlying couse the haspital ar attending as the 10. FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? use MEDICAL CERTIFICATION of Health YES Y NO far 200 ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg . etc.) Hour o.m. Not While of work 21. I certify that (1)/(this haspital) attended the deceased fram NOV. 4 19 66 to JAN. 2 , 1967, that (I)/(we) last Page 4 may be retained 19.67, and that death occurred at 250P. M. from causes and on the date stated above saw the deceased alive an JAN, 2 220 SIGNATURE 22b. DATE SIGNED 67 MD PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND MILTON GINSBERG. M. D. director, shauld b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify)
BURTAL EASTLAWN WILLIAMSTOWN. MASS. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS RECID BY REGISTRAR VR A15 (4) RICE FUNERAL HOME 20 M 1/66 661 W. BARRE ST. BAIFIMORE, MD.



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 00288 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where/deceased liyed If institution Residence before admission) b. COUNTY be filed MARYLAND death. b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY\_OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) MOVE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 2 NAME OF Middle 4. DATE Manth Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Baltimore, Maryland carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hartman Esther IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P CERTIF 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame form, 20f. (City or tawn) Day, Year 20d, INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at wark p. m. 21 I certify that NI (this hospital) attended the deceased from. a and that death accurred at \( \) I'M, from the causes and on the date stated above saw the deceased alive on 22a SIGNATUR ATTENDING STAFF DIRECTOR [ FUNERAL DIRE M.D. PHYS Board 22c PHYSICIAN 22d ADDRESS NAME (Type HOSPITAL poge 3 shi the State E 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Hebrew Conetary Balti une ADDRESS 25b. RÉGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2Sa REC'D BY REGISTRAR VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		00288			CERTII	FICATE	OF DEATH			002	90		
		PLACE OF DEATH					2 USUAL RESIDENCE (\	Where deceos			ce before o	edm issio	n)
		o. COUNTY E	Baltimore		MAR	RYLAND	o. STATE Mary	land	b. COU	VIIY I	Balti	more	e
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF					c. CITY OR TOWN (If ou	itside corporol	e ilmits, write RUF				
			l give neorest town) Relav				Re1				1 :	1	
			AL OR INSTITUTION (If n	ot in haspital, a	give street oddress)		d. STREET ADDRESS	.ay			e	IS RESID ON A FA	ENCE
20			Gun Road				406 Gun	Road			YES		RM? NO □
		NAME OF DECEASED (Type or pant)	WILLIAM D	, GILL	Middle HEDEMAN		Lost	4 DATE OF DEATH	Mont Januar		Doy	Yea 19	67
	S		6. COLOR OR RACE	7, MARRIED	NEVER MARRIE	D   B	. DATE OF BIRTH		AGE (In years	IF ANDER	YEAR I	FUNDER	24 HRS
		Male	White	WIDOWED	DIVORCE		1-12-1882		lost birthdoy) 85 yrs	Months	Doys	Hours	Min
			(G've kind of work done		NO OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or far	eign countrγ)	12 CI	ZEN OF V	VHAT	
	₫ĐI1	mg most of working l	red Clerk	IN	DUSTRY		Baltimore	, Mary	land	10	U.S.	Α.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
		Henry	Hedeman				Mary						
•	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	r + 3	SOCIAL SECURITY NO	17. 1	FORMANT		Addre	225			
	(Te	is, no, of thicknown)	(If yes give wor or dotes	of service) 70	5-05-7795	Mr	s. Nettie M	. Hede	man, 406	6 Gun	Road		
		18 CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY	use per line for	(o), (b), ond (c).)	/	~ :					VAL BETY AND D	
		17	/ IMMEDIATE CAUSE	(o)	andr	RA	How X	le o	0		1 2	20-	26
		Conditions, if ony,		10	Page	6	96	, 1-	. 0-		.5	de	2-1
		rise to immediate	e couse (o),	(b)	DUR		-1) 6CM		elve	7		_	
		stoting the under	lying couse	(c) (3)	and		mita.	رسے دیا	(a=	~ 0	1	0 %	12
t=		PART II. OTHER SIG	ENIFICANT CONDITIONS		O DEATH ALT NOT RE	LATED TO T	HE TERMINAL DISEASE COM	IDITION GOVE	IN PART MO		19 W	AS AUTO	PSY
2	CATION										YES		NO [
	2	200 ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY O	OCCURRED (	Enter noture of injury in	Port t or Port	It of item 1B.)	<del></del>	1100	<u> </u>	10 L
	L CERTIF	OR CONTRIBUTING (IF EITHER, NOTIFY)	□ CAUSE OF DEATH MEDICAL EXAMINER)			· ·			,				
	MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Year		JURY OCCURRED		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Coa	unty)	(	Stote)
	ME	р.п	10	While ot work		10010	ry, street, office blag., etc						
			y that (I) (this has						Jean 3				
			ceosed olive on_4	Jan:	30 1967,	ond Hot	deoth occurred of	8:35aM	from causes				obov
		220. SIGNATURE	Bolzus.	na	weth	M.D	ATTENDING PHYS	MED. DIRECTOR	STAFF -	] 22b D/	ATE SIGNED	6	7
1		22c PHYSICIAN S NAME (Type)	Day Dayson	o Dwinh	auah		22d ADDRESS	- 0	T11		Ma	1 -	
1			Dr. Bruc						eet, Elk				
	230	BURIAL, CREMATIO REMOVAL (Specify)			23x. NAME OF CEN				ATION (City or To		(County)		ote)
^	- 0-	FUNERAL DIRECTO	L = /.	-1967	LOUGON	rark	Cemetery		1 Frede:			Dal	-0.1
-/	1/4	TUNERAL DIKECTO	K.		ADDK(2)		1 750 KEUL	FIST KEGISIK	4K 1 750 KF	DO KAKED )	UNINGUKE		

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Howard H. Hubbard, 4107 Wilkens Avenue

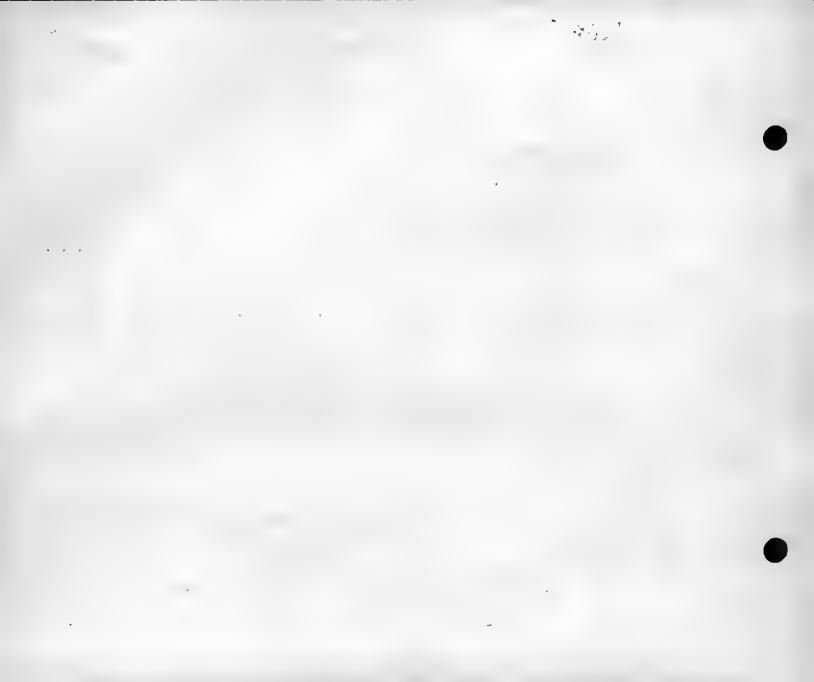
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending plystron and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit, they please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emovet, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00289 executed within 24 hours after death. deoth, the ottending physician and campletely filled in by the funeral isit permit. Then please remove carbon papers. Pages I and makin a removal, and in one event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Sparrows Point d STREET ADDRESS 10vr7mth23dvs Catonsville d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? GROVE 2112 Oak Road SPRT NG STATE HOSPITAL YES NO T 3 NAME OF Middle Last 4 DATE Month First Day Year DECEASED Saimi Heikkila Janu ary 19 67 (Type or print) DEATH IF UNDER I YEAR S SEX 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7 MARRIED TO last birthday) Dovs Hours March 22, 1893 female white WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law reaujres that the deoth certificate be-COUNTRY? during most of working life, even if retired)
hou sewife INDUSTRY Finland Finland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel Setala Elizabeth IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng. grunknawn) (If yes give war ar dates af service) Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarction, acute Page 4 may be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-trans Conditions, if ony, which gove (b) Arteriosclerotic cardiovascular heart Dis nse to immediate cause (a), DUE TO stating the underlying cause as the () Arteriosclerosis. Generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Combined mitral stenosis and insufficiency & Pul. Fibrosis WE 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) factory, street, office bldg , etc ) Not While of wark 21. I certify that (\*) (this haspital) attended the deceased from May 21; saw the deceased alive an Jan 17 19 67, and that death accurred to Jan. 17, 1967, that () (we) last directar, page 3 should should be filed with the M. fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING 1-17-67 410 -DIRECTOR PHYS. 22d. ADDRESS SPRING STATE HOSPITAL 22c. PHYSICIAN S NAME (Type) GRO W Young Anthony Baltimore, Maryland 21228 23a. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Ohio. eveland, remation REGISTRAR'S SIGNATURE 2Sa RECD BY REGISTRAR 2Sb **FUNERAL DIRECTOR** Home Cleveland Ohio. 1967 iliciples Judge VR A15 (4) tuneral 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00290 The low requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the ottending physicial and completely filled in by the funeral sit permit. Then pletes remove corbon gapers. Pages I and PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND Baltimore hours ofter Maryland b. (ITY OR TOWN (If outside carparate imits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Baltimore Baltimore d STREET ADDRESS bon papers. within 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO [ St. Josephs Hospital 3517 Denison Rd 3 NAME OF Middle 4 DATE Dov Year DECEASED Edward A. HETT. DEATH January (Type or print) AGE (In years last birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Dovs Hours whi.te male December 28.1896 WIDOWED DIVORCED 1) BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT IDo USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR Tea Blender COUNTRY? during most of working life, even if retired) Retired Baltimore 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Philip Heil 871 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address O FUNERAL DIRECTOR: After this certificate has been signed by the ottendin director, page 3 should be detached for use as the buriol-transit permit. (Yes, no, or Linknown) (If yes give wor or dates of service) Margaret Weller Heil - 3517 Denison Rd. YES buriol, cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Lobular pneumonia involving right and left IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. more upper lobes. Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying couse WAS AUTOPSY PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Arteriosclerotic heart disease: Asthma. YES A NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detoched is should be filed with the State Dept. of (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form 2Dc TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 21. I certify that (I) (this hospital) attended the deceased fram banuary 7 saw the deceased alive and anuary 8 1967, and that death accurr 19 07 to January 0 197, that (I) (we) last saw the deceased alive and anuary and that death accurred at \$2.45 M. from causes and on the date stated above. 1/8/66 22a. SIGNATURE ATTENDING PHYS MED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road, Towson, Md. Lawrence F. M. sanik, M.D. 21204 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Baltimore, Maryland 1-10-67 Druid Ridge Cemetery 1967 REGISTRARS SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1 20 M 1/66 4600 Liberty Hghts. Avenue DATE

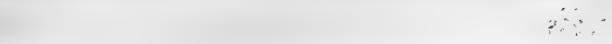


•	1.	MARYLAND STATE DEPARTMENT OF HEALTH	A DAVI A A I D
<u>.</u> 70 70	(顧	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  CERTIFICATE OF DEATH	00293
executed within 24 hours after complete! In by the funeral on papers, Pages 1 and 2 should	in 72 hours after death.	1. PLACE OF DEATH  • COUNTY  Baltimore  b. CITY OR TOWN (if outside corporate limits, write RURAL and givening RURAL and give nevers town)  Owings Mills  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  3. NAME OF DECRASED  2. USUAL RESIDENCE (Where deceased lived, if institution, Reside a. STATE  Maryland  Baltimore  c. CITY OR TOWN (if outside corporate limits, write RURAL and givening RURAL and g	e. IS RESIDENCE ON A FARM? YES NO  Year  19 67
ires that the death certificate be existion.  3 by the attending physician and commit. Then please remove carbon	any even	Male White WIDOWED DIVORCED NOV.23, 1921 15 yrs. Months Day  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Fermer Poultry Farm Glyndon, Bel to .Co., Md. U.  13. FATHER'S NAME  Eli Russler Hewitt Sarah M. Cox  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1 Ple  Yes WW IT 218-14-0614 Mrs. Georgia W. Hewitt Owings  18. CAUSE OF DEATH [Enter only one cause per line for [e), (b), end (c).]  PART I, DEATH WAS CAUSED BY:	A Sant Hill  Mills Md  Mireval Between Onset and Death
ITENDING PHYSICIAN: The law requireliance by the hospital or attending physical After this certificate has been signed to be detached for use as the burial-transit is	Dept. of Health prior to burial, cremation,	DUE TO  Conditions, if eny, which gave rise to immediate couse (e), steting the underlying DUE TO  Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  COR. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  COR. CONTRIBUTING AUSE OF DEATH  URF ITHER, NOTIFY MEDICAL EXAMINER IN TO THE CONTRIBUTION OF THE CONT	PERFORMED? YES NO (Stete)  J., that (I) (WW) last
death. P	etels with the State 41.2-92	saw the deceased alive on	22b. DATE SIGNED 1-23-67  Md. (State)  ryland



00292 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) C. LENGTH OF STAY IN 16 RURAL and/g ve nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) H. STREET ADDRESS e. IS RESIDENCE OPINITITUTION ON A FARM? DIYONDSON YES NO Z 3. NAME OF 4. DATE DECEASED OF DEATH Type or print) anuare 1967 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED [ WIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HOUSEWIFF HOM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS) PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) Hour a.m. Not while of work of work Ø. m. 6-10 . 1965 to 1-15- 1967, that I last saw the deceased 21. I certify that I attended the deceased fram. 19.6.7., and that death accurred at 6.30.0. M, from the causes and an the date stated above. DATE SIGNED NO 6209 Frederich ALE NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22G NAME OF CEMETERY OR CREMATORY 22. FUMERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S 61 GNATURE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00295 HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h COUNTY bage ŧ D death. MARYLAND TOWN (If ourside corporate limits, delay Department c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and write RURAL and give nearest town) offer d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? alang with farm haurs Item 18. Give Pages o te YES NÔ haurs after death NAME OF Middle Last DATE Month 22 Dov Year DECEASED OF with the (Type or print) DEATH IF UNDER 1 S SEX AGE (In years 6 COLOR OR RACE 7 MARRED NEVER MARRIED DATE OF BIRTH IF LINDER 24 HRS last birthday) Months Days Hours DIVORCED event 0 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE Stote or 12 CITIZEN OF WHAT during most of working Life, even if retired) NDUSTRY COUNTRY? QUV = 13 FATHER S NAME INNER 14. MOTHER'S MARCHIN pen File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT This certificate should be executed rd "pending" ( (Yes, no, or unknown) (If yes give wor or dotes of service) remayal 213 ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH ö 1810 0 LERDTI IMMEDIATE CAUSE (o) Ward crematian. DHF TO Conditions, if only, which gove te, writing the v farwarded ta th rise to immediate couse (o). DUE TO stating the underlying cause SD lost. burial WAS AUTOPSY PERFORMED? PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a) CERTIFICATION the certificate. YES NO pe 2 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) ogent, prior 3 shauld should AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm (City or town) (County) (Stote) Hour om factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page 19 of work please execute ot work des.gnated 21. I certify that I took charge of the remains described above, held on Autopsy [ Inspection Inquiry 🔀 ond in my opinion the funeral directar, deoth resulted from: Accident Undetermined monner Noturol couses Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( FREDER NAME (Type) Address (Street, city, town, or county) 6 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify) BURLA 24. FUNERAL DIRECTOR 2Sp REC D BY REGISTRAR 2Sb. REGISTRAR'S wellen VR A15ME (5 HIGIN BUTHOLY 1967

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MARYLAND STATE DEPARTMENT OF HEALTH



(M)	DIVISION OF ST	MAR ATISTICAL RESE	YLAND STATE DEI ARCH AND RECORDS	PARTMENT OF , 301 W. PRESTO		TIMORE 1, M.	ARYLAND	
death	00294		CERTIFICAT	E OF DEATH		002	96	
	PLACE OF DEATH a. COUNTY BALT	IMORE	MARYLAND		E (Where deceased lived	i, If institution: Re o. COUNTY	sidence before ada	mission)
	b. CITY OR TOWN (if outsid write RURAL and give n Towson		c. LENGTH OF STAY IN 1b		outside corporate lin		and give nearest	t town)
		-	ospital, give street address)	d. STREET ADDRESS	23.701		ON A FA	DENCE ARM?
		MORE MEDIC		814 E.a				NO 🗌
	NAME OF DECEASED (Type or print)	JOHN		Last HoGBERG	4. DATE OF DEATH	Month JAN	Day Year	57
M	SEX 6. COLOR ALE CAU	C WIDOWED	NEVER MARRIED DIVORCED	1-16-89	18	years   IF UNDER 1 thday)   Months   yrs.		Min.
duri	usual occupation (Give king most of working life, eve arpenter	nd of work done 10b. K in If retired)   Gen	IND OF BUSINESS OR NDUSTRY 1 Contractor	SWE	ounty & State, or foreign DEN		TIZEN OF WHAT UNTRY?	
	FATHER'S NAME SOHN		BERG	14. MOTHER'S MAID	?			
(Yes	WAS DECEASED EVER IN U.S. i, no. or unknown) (If yes give w	ar or dates of service)		John Hagen	bucher 150	Address 5 Lakesia	de ave	
	PART I. DEATH WAS C IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO	une for (a), (b), and (c).	PROSPATE	WITH MED	48778848	INTERVAL BET	WEEN EATH
CERTIFICATION		managagan n. n. n. n <sub>ang da</sub> n. n. d <sub>a</sub> gan n. n.	JTING TO DEATH BUT NOT RELA				19. WAS AUT PERFORM YES YES	MED?
CERTI	20a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUS (IF EITHER, NOTIFY MEDIC		DESCRIBE HOW INJURY OCCU					
MIDICAL	20c. TIME OF INJURY Mo Hour a.m. p.m.	nth, Day, Year   20d.     While   19   at worl	dinata	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or t	own) (Cou	ity) (S	tate)
	saw the deceased aliv		ed the deceased from 19_67, and that	death occurred at	9 <u>6</u> 7, to <u>/-</u> 15AM, from the c	auses and on th		
	22a. SIGNATURE	lyn L.	Kames bul M.	ATTENDING PHYS.	MED. STAF DIRECTOR PHYS		- 30-67	7_
	NAME (Type) EV	ELYN L.	RAMOS, M.T	). GREATER		MEDICA	IL CET	WE
23a.	REMOVAL (Specify)	2/3/1967	Imm_ruel C	etery 25a. RE	Baltimon	5b. REGISTRAR'S	S SIGNATURE	
Q W	m.f. Tubn	en stono	north sto	DATEE	B 2 1967	ycum	By Judge	_

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00295 CERTIFICATE OF DEATH 00297 campletely filled in by the funeral raye carban papers. Pages I and 2 requires that the death certificate by executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest fawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD 74 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO TO VETERANS ADMINISTRATION HOSPITAL YES T 1701 NORTH FULTON AVENUE NAME OF 4. DATE First Middle Last Month Day Year DECEASED 1967 JANUARY PHILIP HOLLAND DEATH B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** remaye birthday) Days Hours MALE JULY 6, 1896 NEGRO WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CATONSVILLE. MARYLAND 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME EDWARD HOLLAND CARRIE WOODLAND IS. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give war at dotes of service) 214 26 94 88 FORT HOWARD, MARYLAND CLINICAL RECORDS INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p CHANGE CHIEN PEATH LEFT SUBPHRENIC ABSCESS IMMEDIATE CAUSE (o) DUE TO GASTRIC ULCER WITH PERFORATION RECENT Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS? PERFORMED? CEREBRAL THROMBOSIS, OLD NO be retained by the hospital ar ţ 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fawn) (County) (State) Nat While factory, street, affice bldg., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram OCT . 25 . 19<u>66</u>, ta. JAN 7 ..., 1967, that **//**/(we) last 19 67, and that death accurred at 1115PM, fram causes and an the date stated above saw the deceased alive an JAN 7 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 1/9/67 DIRECTOR M.D. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREON (County) (State) BUTTLA Tecity) BALTIMORE, MARYLAND BALTIMORE NATIONAL REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

A B B Comment

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEMBER
HEALTH DEST.	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
AND THE	Blessin de MARYLAND Morgland Ballenno
to the funeral sge 5 may be Department s after death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
The family of th	d. NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street/address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
delay Cessary nd 3 to the funeral Page 5 may State Department hours after death	4402 Vale Drive 36 4402 Vale Drive 36 VES NO N
my dela 2, and 3, and 3, and 4, and 4, and 4, and 7, and 8, and 8	3. NAME DF PIRST CILIS Middle Last OF OF OF OF OF
P. P	(Type or print) 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
ith. If all ges 1, 2 form P 2 with within	Male White WIDOWED DIVORCED AUG 23 1901 (25 Months Days Hours Min.
with Page	10a. USUAL OCCUPATION (Give kind of work done during most of working ilfe, even if retired)  10b. Kind of Business or 11. Birthplace (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?)  12. CITIZEN OF WHAT COUNTRY?
n 18. Gives along w	13. FATHER'S NAME
ours on 12 ce al	George Austin Hoopeut Cexcline E Wise
24 ho in Item Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16% SOCIAL SECURITY NO. 17. INFORMANT Address // / / / / / / / / / / / / / / / / /
l within 2 pencil in miner's ( permit. removal,	160 - 214-16-3543 Helen 11 Hoopens 4472 VZIE UPIVE
- Ini	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), epd (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
uld be executed d "pending" in ef Medical Exa a burial-transit , cremation, or	976X DUE TD
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NER ficator	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)  Hour 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tan), 20t. (City of town) (County) (State)
EXAMINE the certifical should be should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion
the coshoul shoul	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
xecute teach for your AL DIRECT or its of it	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER [ 22. DATE SIGNED
TO DEPUTY MEDIC EXP please execute the co director. Page 4 shou retained for your files. O FUNERAL DIRECTOR: of Health or its design	EXAMINER'S NAME (Type) / JOHN C. OHU KO DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 1-18-67
O DEPUTY please e) director. retained 3 0 FUNERA of Health	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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og Page	write RURAL and give nearest town)	28 Warren Ra	Baltimaria 31221
filled in by papers. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		6. IS RESIDENCE ON A FARM?
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o (	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITIES, no, or unknown) (If yes give war or dates of service)		Address
ition,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	Hamission once	INTERVAL BETWEEN
nas been signed by the argument physician and completely fined as the burial-transit permit. Then please remove carbon papers prior to burial, cremation, or removal, and in any event, within 72.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	WE MEMBRANE D	SEASE INTERVAL BETWEEN ONSET AND GEATH
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ite Dept. of Health pi	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Enter nature of Injury In Part I or	Part II of Item 18.)
ਬੈ ਡਿ	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRE	O 20e. PLACE OF INJURY (Home, farm, 20f. (City or factory, street, office bldg., etc.)	town) (County) (State)
state pe	Hour a.m. While not While p.m. 19 at work at work		
the	21. I certify that (II) (this hospital) attended the decease saw the deceased alive on 19	ed from / / / 1967, to // / / / / / / / / / / / / / / / / /	causes and on the date stated above
ts ±i	22a. STGNATURE	ATTENDING MED STA	22b. DATE SIGNED
director, page 3 should be di should be filed with the State	22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. DIRECTOR PHY 22d. ADDRESS	rs. 1 1 - 1 / - 6 /
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of 2	BURIAL CREMATION 23b. OATE THEREOF 23c. NAME (REMOVAL (SDECTHY) JAM 18. 1966 BREATER	BALTO. MED CTR. 6701 N. (	HARUES BALTO, MD.
(4) (R)	FUNERAL DIRECTOR ADDRES	SG 701 AL CHAR   25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE 267 MClearles Judge
=	- LAULICA J. PHILLAGIN ( N. J).	BALTO, MO   DATE JAN 20	967 Jacanles Judge



	MARYLAND STATE DEPARTMENT OF HEALTH	
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	hady Nook Nursing Home-Rolling Row (1201 WBS NIEW N)	YES N
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1	3. FATHER'S NAME	D 01
	Isosa March Sara Fivenyord	17 42 CD CA CA
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address fes, no, or unknown) (Ifyes give wer or dates of service)	
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MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY, Homa, farm, 2Df. (City or town) Hour e.m. While Not While tactory, street, office bidg., etc.)	(County) (S
1377	p.m. 19 et work twork twork	
	21. I certify that (I) (this hospital) attended the deceased from	, 19 that (I) (
	saw the deceased alive on 13 1967, and that death occurred at 13 M, from the causes an	d on the date stated
	22e SIGNATURE ATTENDING MED. STAFF	1 22h.
	1) ach er bee Fort M.D PHYS. P DIRECTOR PHYS.	1/14/61
	22c. PHYSICIAN'S NAME (Type) An or the state of the state	4 '00
	was well the total to Duller on f. Ca	yourselle.
2	38. BURIAL, CREMATION, 236 DATE THERFOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town	.")
	BURIAL 1/17/67 ST. MICHELS BIRDSBORD	, A
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGIS	TRAR S SIGNATURE
	JOHN F. DEWLY, INC. 715 LIGHT ST. BALTO, MODATE JAN 17 1967	Myanto 1.
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MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death; 24 hours after death, USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY A. STATE b. COUNTY Pages 1 urs after MARYLAND c. CITY OR TOWN (It putside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) C. LENGTH OF STAY IN 1b à oon papers. Pag within 72 hours 三 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS NO V YES etely PHYSICIAN: The law requires that the death certificate be executed within carbon NAME OF DATE Middle Month Day Year remove carbo DECEASED (Type or print) DEATH 19 6 Howa 6. COLOR OR RACE AGE/In years IFUNDER 1 YEAR IFUNDER 24 HRS 1ast blithday) Months I Days House | Main OF BIRTH 7. MARRIED NEVER MARRIED Months I Davs Hours WIDOWED I DIVORCED E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Cetire FATHER'S NAME arpenter MAIDEN NAME remova ed by the attending paramet. Then, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMAN (Yes, no, or unkown) (If yes give war or dates of service) 03 been signed by the the burial-transit or to burial, cremati CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO (a), stating the underlying cause last. (c) CERTIFICATION PART IJ, OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY 19. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health use PERFORMED? YES NO the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State l factory, street, office bldg., etc.) Hour a.m. After While Not While OR ATTENDING 19 at work at work p.m. DIRECTOR: Af 1966 21. I certify that (I) (this hospital) attended the deceased from to. , that (I) (we) last and that death occurred at 135 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED MED. page ATTENDING M.D. PHYS. DIRECTOR PHYS. O HOSPITAL FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23c. REMOVAL (Specify) 2 **FUNERAL DIRECTOR** REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE 20M 1/65

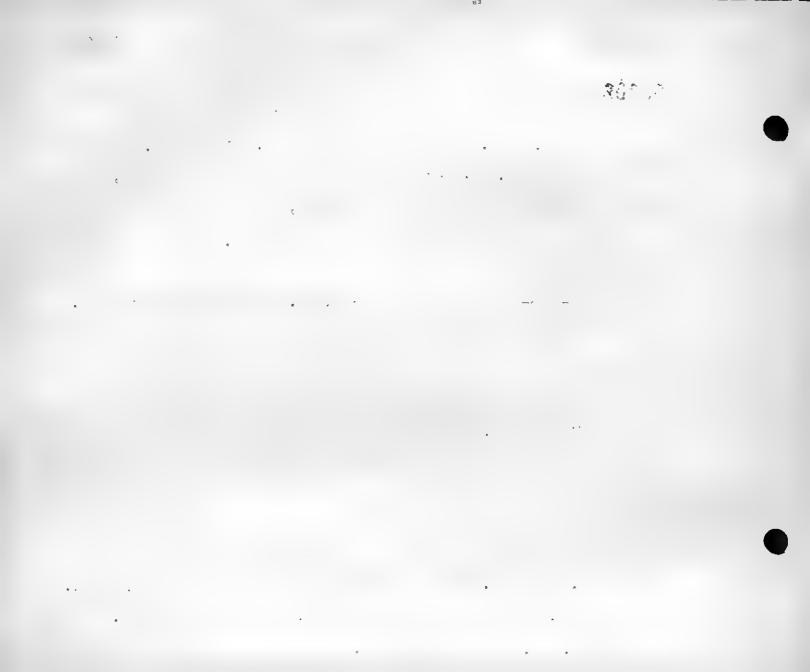


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VR A15 (4) 20 M 1/66	ú	n. Cook-Brooks	1 awson	Inc	1050 YOR				5 1987	Cleanto	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ltem OF DEATH 00300 00302 requires that the death certificate be executed within 24 hours after death. the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and nation, or restroyall and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY a. COUNTY a. STATE MARYTAND BALLTIMORE MARYLAND b CITY OR TOWN (If outside carparate i mits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oan papers. Pag within 72 haurs 106 DAYS BALTIMORE FORT HOWARD d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1038 COOKS LANE YES 🗔 NO K 3. NAME OF Lost 4 DATE Month Day Year (D Eirst DECEASED HOWARD JANUARY 19 (Type or print) PERCY DEATH to S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED W NEVER MARRIED last birthday) Months Days Hours 1890 FEBRUARY WIDOWED DIVORCED MALE MISSISSING STREET 12 CITIZEN OF WHAT 10a USUA, OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1), BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working ite, even if retired) IND.ISTRY CALVERT COUNTY, MARYLAND U.S.A. STOCK CLERK KOPPERS COMPANY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ELLA E. SHERBERT JOHN W. HOWARD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 219 10 15 YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) burial-transit PART I. DEATH WAS CAUSED BY CEREBRAL THROMBOSIS ONIO NOTES TH IMMEDIATE CAUSE (o) signed by XXXXXX MONTHS CORONARY THROMBOSIS Conditions, if any, which gave ase to immediate cause (o), DUE TO stating the underlying cause the haspital ar attending as the priar to Page 4 may be retained by the haspital ar attending O FUNIRAL DIRECTOR: After this certificate has been UNKNOWN GENERALIZED ARTERIOSCLEROSIS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use YES X NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at wark at work 21 1 certify that (4 (this haspital) attended the deceased fram 9/21/66 \_\_, 19\_\_\_\_, that2(I) (we) last ./5/67 and that death occurred at 8:40AM from couses and on the date stated above. 6 saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 1/5/67 M.D. PHYS DIRECTOR PHYS , page be filed 22d. ADDRESS 22c PHYSICIAN'S GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) directar, shauld 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION BURLAL (Specify) Jan. 9, BALTIMORE, MARYLAND 1967 BALTIMORE NATIONAL 256 REGISTRAR S. SIGNATURE 250 RECO BY REGISTRAD 67 24. FUNERAL DIRECTOR 20 M 1/66 EDMONDSON AVE. BALTIMERE MD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00301 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00304 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. county Baltimore a. STATE Baltimore Maryland County MARYLAND Department after death. funeral b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) тау North Point Area Dundalk the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 10 d. STREET ADDRESS B. IS RESIDENCE ay x 3 to 1 ON A FARM? State hours Baltimore St. 7901 E. Baltimore YES NO X 3. NAME DE First Middle 4. DATE Month Year the 72 DECEASED Clara M. Hubbard 19 67 (Type or print) DEATH Jan 2 with within 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO 5. SEX with form DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR IIF UNDER 24 HRS last birthday) | Months | Days Hours Female Caucasian May 23, 1907 59 WIDOWED A DIVORCED [ N and 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 4 hours after de Item 18. Give F Office along with during most of working life, even if retired) INOUSTRY COUNTRY? Housewife At Home Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Rohleder Lillian Bechers and and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, f' in pencil in Examiner's Melvin P. Hubbard 7901 Baltimore St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN d be executed when the property of the propert ONSET AND DEATH PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit 0 cremation, DUE TO Conditions, if eny, which (b) EXAMINER: This certificate should be gave rise to immediate **DUE TO** cause (a), stating the word (0 underlying cause lest. used as a to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CATION PERFORMEO? the certificate, writing the should be forwarded to the YES NO 🔽 pe DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 늄 CERTIF 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: death resulted from: Natural causes Suicide Homicide Undetermined manner Accident your V execute Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR þ or DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** Milder Mistreet Low town of county) Dundalk Md. -Melvin B. Davis retained Dr. irector. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. (State) 24/67 0 Baltimore. Cemeterv Baltimore, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 196 VR ALSME 1800 E. Lombard St. Dippel Bro's. Inc. 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00302 CERTIFICATE OF DEATH 00305 requires that the death certificate be executed within 24 hours after death Beat pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission and completely filled in by the funeral o. COUNTY o. STATE **b.** COUNTY LMOR MARYLAND within 72 hours ofter c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) papers. d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street dddress) ON A FARM? NO 🔀 YES 3 NAME OF please remove carban 4. DATE Month Year DECEASED (Type or pnnt) DEATH 19 IF UNDER 24 HRS COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthdoy) Months Dovs Hours and in any DIVORCED WIDOWED ( KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10b. during most of working life, even if retired) INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please Up OINTE 13. FATHER S NAME MOTHER'S MAIDEN NAME ar remaya WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or tinknown) (If yes give wor or dates of service) cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. **DUE TO** Conditions, if any, which gove (b) rise to immediate couse (a), **DUE TO** stating the underlying couse attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar to lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the hospital or 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While 19 ot work ot work 21. I certify that (1) (this haspital) attended the deceased from April 18 1949 to Jan. 19.67, and that death accurred at 10.450M, fram causes and an the date stated above saw the deceased alive an Jan. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. director, page 3 shauld be filed v M D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATERY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION MD. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore bon papers. Pages 1 within 72 hours after Baltimore Marvland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Page Sparrows Point Sparrows Point 21219 vrs. .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Street Street No K YES within completely i NAME OF First DATE Month Middle Last 4. Year DECEASED event, LOLA (Type or print) Macleary TSENNOCK DEATH 1967 January executed 6. COLOR OR RACE | 7. MARRIED 5. SFX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIED last birthday) | Months | and c Days Hours MIn. any Female Caucasian WIDOWED X DIVORCED [ March 90 physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Marvland USA O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending principal semit. Then, or removal Nelson McCleary
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) Martha Gill transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Bertha in 2 693 Adams 28 above 216 the INTERVAL BETWEEN a signed by the burial-transit popularial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: who IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the bishould be filed with the State Dept. of Health prior to be gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO X 20a, ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work! that (I) (we) last 19.50 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive-on and that death occurred at 22a/ SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. director, pag should be file PHYSICIAN'S 22d. ADDRESS NAME (Type) (State) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR ORD LOCATION (City, town or county) 23a. 23b. REMOVAL (Specify) Monkton, Balto.Co., Buria Clynmalira REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) Bradley. Dundalk. OOKS 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00306 OF DEATH CERTIFICATE 00309OR ATTENDING PHYSICIAN: The low requires that the death entiticate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE  $Md. \qquad \qquad b \ \ \text{COUNTY} \ \ \textbf{Baltimore}$ PLACE OF DEATH c. COUNTY Baltimore MARYLAND ician ond completely filled in by the fuleties remove corbon popers. Poges I ond in ony event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RUTA) and guya nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN-16 3 Months. Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM?\* Towson Conv. Home 220 Division Ave. YES NO NAME OF 4. DATE Last Doy Year Shysician and completely DECEASED Pau1 James 17,1967 (Type or print) DEATH Jan. 19 S SEX IF UNDER 24 HRS 6. COLOR OR RACE IETINDER 1 YEAR 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED (Sys birthdoy) Manths 6~10~1880 Hours Cauc. WIDOWED DIVORCED 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country)
Baltimore, Md. 100 LSUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of prayinglife, ever (Letited) S C O INDMS TRE COUNTRY? A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Charles James Wathah/Thiel/ Anna Thiele 220 Division Ave. 16 SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 214 01 3415 Luthervillem Md. 21093 Mrs. A.H.Gilpin. the offet THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-tronsit p MMEDIATE CAUSE (a) Acute myocardial infarction Page 4 may be retained by the hospital or attending physician. Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate cause (o), DUF TO stating the underlying couse pe aetached for use as the State Dept. of Health prior to certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO I 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Port It of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (County) (Stote) Hour 'c.m. foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this hospital) oftended the deceased fram December 1963 tolan. 17, 1967, that (1) (we) last M, from causes and an the date stated above. saw the deceased alive on Jan. 16, 1967, and that death occurred of TO FUNERAL DIRECTOR: 22o. SIGNATURE -**ATTENDING** MED DIRECTOR MID director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) Llovd 3902 Greenmoint Avenue 23o. BUR AL CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Woodlawn, Baltimore, Md. Lorraine Entombment 24. FUNERAL DIRECTOR WM. Cook-Brooks Towson, 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Towson, Md. VR A15 (4) Minules

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7 NE 2		3	0307	ltem	CERTIF	ICATE OF DE	EATH	Reg. I	Dist. No. 0031
Page director	3/1	Ť.	PLACE OF DEATH COUNTY Baltimore		MARYLA	I O STATE	NCE (Where decease	l lived. If institution: Reside	ence before admiss on)
death.	<b>XX</b>		b CITY OR TOWN (If out: RURAL ond give neorest Catonsvill	lown)	c. LENGTH OF STAY IN		WN (If outside corpo	rote limits, write RURAL onc	d give nearest town)
2 short	11		or institution 726 Martin	f not in hospital, give street of Drive	oddress)	d. STREET ADD	ress M <b>arti</b> n Dri	lve	e. IS RESIDENCE ON A FARM? YES NO
24 hau irled in es 1 and	- \	3.	NAME OF DECEASED (Type or print)	First Edna	Middle K.	Jenk <u>i</u> ns	4. DATE OF DEATH	Month Jan. 24	Day Year
d within	4)	S	SEX 6. 6	Wh WIDOWE			-91	9. AGE (in years less birthday) 75 yrs.	ER 1 YEAR IF UNDER 24 HRS.  Doys Hours Min
executer nd camp on paper death.		100	D. USUAL OCCUPATION (C during most of working I	Give kind of work done 10b.   ife, even if retired)	KIND OF BUSINESS OR		E (Stole or foreign collision)		TIZEN OF WHAT COUNTRY?
an all		13.	FATHER'S NAME			14. MOTHER'S M.			
death certificate Itending physicia please remave co vithin 72 haurs al			WAS DECEASED EVER IN		roeger social security no.	INFORMANT	Unknown d Jenkins et Rd.	Address	
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PHYSIC al ar at this cert r use as r use as		MEDICAL	20c. TIME OF INJURY A Hour o. m. p. m.	onth, Doy, Year 20d. IN While of work	Not while	De. PLACE OF INJURY (Ho foctory, street, office b	me, form, 20f. (City ldg , etc.)	or town)	(County) (State)
ed e haspit IRE : After be detached fa			21. I certify that I alive an ACTUAL SIGNATURE	attended the decease		eath accurred at $\Gamma$	M. fram	the causes and an the causes and an the reet, city ar town, stote)	last saw the deceased the date stated above DATE SIGNED
PITAL ( Pretain RAL DI Shauld Shauld istrar p	1		PHYSICIAN'S NAME (Type)	Nelson Mc	Kay, M. D.	6014 Ed	lmondson A		
may be D FUNER page 3 sthe regis	1	220	BURIAL, CREMATION, 2 REMOVAL (Specify) Burial	226. DATE THEREOF 128-67	1	wn Cem.	E	altimore, Md	•
VS A1S (4)	M	23.	Witzke F. D.	- 4101 Edmon	adson Ave.		40. REC'D BY REGIST		SIGNATURE

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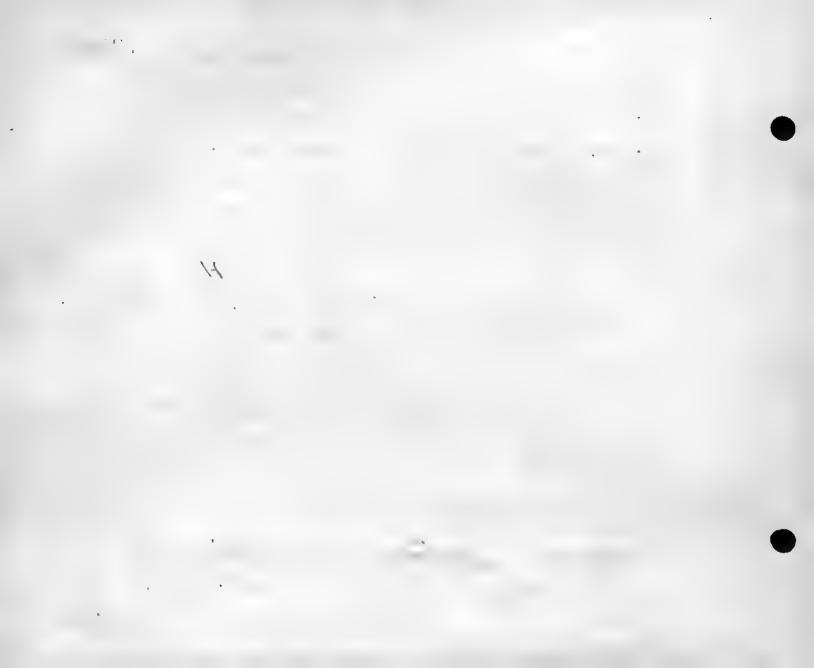
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<del></del>	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
£ ( 750 £.	00308 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral, apers. Pages 1 and 2 hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
er e	Baltimore County MARYLAND B. COUNTY CITY
rs after by the fi Pages 1 urs after	b. C.TY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
urs n by Pa	Mount Wilson For Years City
hod ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS / e. IS RESIDENCE ON A FARM?
T 0.44 / 1	Mount Wilson State Hospital 1554 Lochwood Rd. YES NO X
executed within and completely remove carbon is any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
rted wi comple ve carb event,	(Type or print) Edward Baker JoHNSON DEATH Jan. 28 1961
executed and corremove	5. SEX   6. CDLDR OR RAGE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 14 YEAR   IFUNDER
exect and remo	MALE White WIDOWED DIVORCED 7-22-89 77 yrs.   IDA. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRT HPLACE (County & State, of foreign country)   12. CITIZEN DF WHAT
be ex cian a ase re nd in a	during most of working life, even if retired) INDUSTRY
plessic	Automobile mechanic Baltimore, Md. M.S.J.
S. 4	
E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17. INFORMANT  Address
eath certificath be en attending physician a ermit. Then please re on, or removal, and in	(Yes, no, or unkown) (If yes give war or dates of service) 2/2-28-5866Records, Mt. Wilson State Hospital
tion de	1 18. CAUSE DE DEATH (Enter only one cause per line for (a) (b) and (c) 3
The law requires that the death certifica or attending physician. Sate has been signed by the attending for use as the burial-transit permit. Then pailth prior to burial, cremation, or removal.	PART I. DEATH WAS CAUSED BY:
that icial led I-tra	1/23X
es l sign sign uria uria	Conditions, If any, which (b)
ng Feen een to b	gave rise to immediate cause (a), stating the DUE TO
endi s b	underlying cause last. (c)
attra attra attra ha	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-trans e Dept. of Health prior to burial, cree	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
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	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Parm,
ATTENDING Pretained by to CTOR: After is should be digith the State	
R. A Cutted the Court of the Co	21. I certify that (I) (this hospital) attended the deceased from $1/-25$ , 1966, to $1-28$ , 1967, that (I) (we) last
A ATTEND P. retained RECTOR: A 3 should with the	saw the deceased alive Dn 1 - 2 & 19 67, and that death occurred at #1:49 M, from the causes and on the date stated above.
<b>₩</b> ₩ ₩ ₩ ₩	ATTENDING MED. STAFF STAFF
_ > 1 8 €	226. PHYSICIAN'S 22d. ADDRESS
HDSPITAL age 4 ma FUNERAL rector, pi ould be f	Wm. NewComer, M.D., Superintendent Mount Wilson, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 V	Burial Feb 1.1967 Moreland Memorial Park Taylor Ave.Md
M	
VR A15 (4) 1 20M 1/65	Cluster E. Donovan - 3818 Roland Cive DATE 11 21 1967 July



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours after death. death physician and completely filled in by the funeral en please remove corbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a county Baltimore Maryl and b. COUNTY MARYLAND CIY OR TOWN (If outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) White Hall, 21161 Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS ON A FARM? Bradenbaugh Rd. NO [ St. Joseph Hospital NAME OF Middle 4. DATE Manth Oav Year DECEASED **JOHNSON** Todd January 19 67 (Type or pnnt) DEATH IF UNDER 1 YEAR AGE (In years last birthday) IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIEO** DATE OF BIRTH Months Days Haurs and in ony WIGHD DIVORCED September 8.1890 Male WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) **COUNTRY?** INOUSTRY Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. TOHNSON White Hall permit. (Yes, na. or unknown) (If we give war ar dates of service) 20 cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) he buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gastro-intestinal hemorrhage IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave (b) rise to immediate cause (a) DUE TO attending p stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been ₽ for use os WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO 🔀 YES | 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) be retoined by the hospitol OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Not While at wark at work . 19.67 , ta 1/31/ \_, 19.67, that OK (we) last 21. I certify that [1] (this haspital) attended the deceased fram\_ \_1/16/ should ith the S 1967, and that death accurred at 8:45 M, fram causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE 22b DATE SIGNED ATTENDING 50 DIRECTOR PHYS. M.O. PHYS. director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY **LOCATION (City or Town)** 23g BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) SURIAL 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1967 FFB DATE

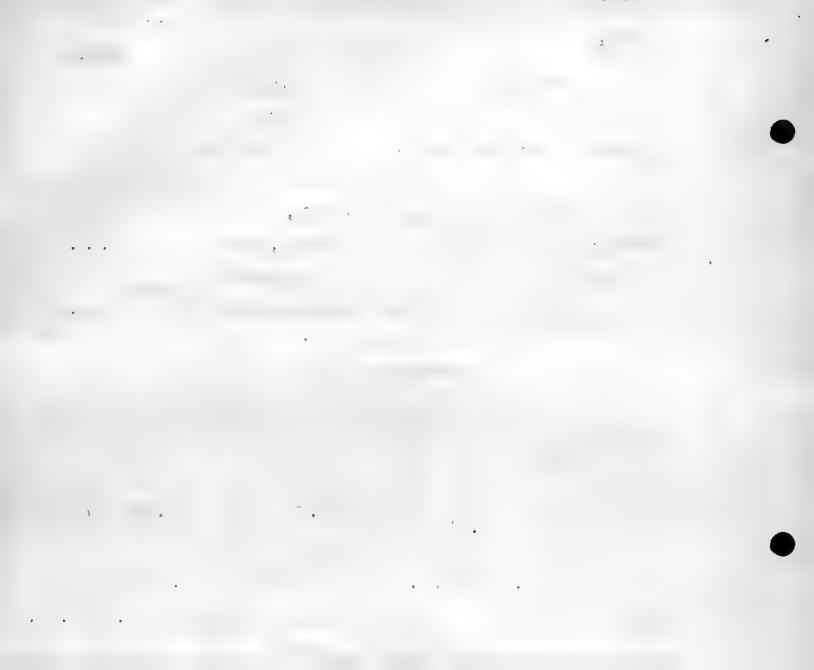
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00309 CERTIFICATE OF DEATH funeral. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission) a. COUNTY COUNTY 13 a Baltimore County MARYLAND HIMORE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore MO Wilson .⊑ Mount filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADORESS 220 completely fill we carbon pap event, within 7 2806 Wilson State Hospital YES NO N 3. NAME OF First DATE Middle Month Öav Last 4. Year **OECEASEO** Era VIVOLINIA (Type or print) Kates DEATH 196 5. SEX and cor 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR IF UNDER 24 HRS 7. MARRIEO [ **NEVER MARRIED** last birthday) | Months | Days any WICOWEC I DIVORCED [ ,5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicidn lease and ir during most of working life, even if retired) COUNTRYZ INOUSTRY land OME touse wit PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 百 13. FATHER'S NAME MOTHER'S MAJOEN NAME removal Then e attending lermit. Ther a w reng ONEP 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) ed by the att transit mermin, cremation, c 20 Mount Wilson State Hospita 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: signed | IMMEDIATE CAUSE (a) been signed the burial-tr **OUE TO** Conditions, if any, which (b) rise to immediate DUE TO cause (a), stating as th underlying cause last. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate ERTIFICAT YES NO IX 20a. ACCIDENT WAS UNCERLYING INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) stached f Dept. of OR CONTRIBUTING [] CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) e G factory, street, office bldg., etc.) Hour a.m. offer be d State While OR ATTENDING P - Not While at work at work Should the Sith the Sith 19.67 that (I) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from 1963 DIRECTOR: age 3 should and that death occurred at 1256 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. STAFF PHYS. TO HOSPITAL C Page 4 may b M.D. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. AODRESS director, p NAME (Type) wcomer, M.D., Supt. Maryland Wilson Mount . CREMATION. Y OR CREMATORY 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. VR A15 (4) 20M 1/65

4.7 4.6 . . . . . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00310 CERTIFICATE OF DEATH e law requires that the death certificate be executed within 24 hours after death and physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed fived, if institution. Residence before admission) a. COUNTY b. COUNTY BALTIMORE BALTIMORE MARYLAND b CITY OR TOWN (If a tside carporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 6 DAYS FORT HOWARD BATTTMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 8621 WOODSPRING ROAD YES NO NO 3. NAME OF 4 DATE First Lost Manth DECEASED
[Type or print) ALBERT HURBERT KATZ JANUARY 19 67 DEATH S. SEX 6 COLOR OR RACE 7 MARRIED TO B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** Jast birthday) Doys WHITE MALE WIDOWED DIVORCED JUNE 23. 1914 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT dur no most of working life, even if refired) INDUSTRY **COUNTRY?** MEDICINE DUBOIS, PENNA U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARCUS KATZ JENNY SHULMAN 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, na, ar unknown) (If yes give war ar dates at service) 212 32 84 81 FORT HOWARD, MARYLAND CLINICAL RECORDS INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY PNEUMONIA, BILATERAL OKISET HAD VOLATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave ENDOCARDITIS, ACUTE nse to immediate cause (a), DUE TO stating the underlying couse far use as the f Health priar tak affending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? MULTIPLE SCLEROSIS NO 20g. ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of item 1B.) Page 4 may be retained by the haspital OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (Stote) Haur a.m. factory, street, affice bldg, etc.) Nat While 21. I certify that (V (this haspital) attended the deceased from JAN. 18, 1967, to JAN. 24, 1967, that (V (we) last saw the deceased alive on JAN. 24, 1967, and that death accurred at 925PM, from causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED 1/25/67 ATTENDING unce DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION (County) (State) REMOVAL (Specify) VINDSOR MILL RD. BALTO. MD. BETH TRILOH CEMETERY 1/26/67 BURIAL ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SOL LEVENSON & BROTHERS BALTIMORE. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 30317 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 to Pode MARYLAND land2 with the State Department outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, & LENGTH OF STAY IN 16 write RURAL and give negrest town) 5.5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office along with form ON A FARM? NO IX in Item 18. Give Pages YES hours ofter death NAME OF Middle Lost Dov Year OF DEATH DECEASED 19 AGE (In years last birthdoy) IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED OF BIRTH Days Months Hours 72 hours after death WIDOWED 106 K ND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done pages 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME MEDICAL EXAMINER: This certificate should be executed within 17 INFORMANI IS WAS DECEASED EVER IN .. S ARMED FORCES permif. (Yes, no vor which nown) If I yes a ve wor or dotes a service ne cert ficate, writing the word "pending" should be forworded to the Chief Med.cal and in any event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) burial-trans# ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Cand tions, if any, which gove rise to immediate couse (a). DUE TO storing the underlying couse 00 last be used WAS AUTOPS Y PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal, please execute the certificate, NO 20o EXTERNAL CAUSE WAS MOURY OCCURRED (Enter noture of miury in Port L or Port L of item 18.) 3 shauld PR MARY DOF CONTR BUTING D cremotion, or CAUSE OF DEATH MEDICAL 20f 20c I.ME OF .NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page for your at work of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection nguiry 1 and in my apmian death resulted fram Natural causes Accident Suicide Undetermined manner Ham cide funeral director mov be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER SIGNATURE Heo!th prior TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) Davis the BURIAL, CREMATION, NAME OF CEMETERY OR CREMATOR LOCAT ON (City or Town) (State) (County) 0 REMOVAL (Specify) 42201 REGISTRARY SIGNATURE FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A 15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00312 MEDICAL EXAMINER'S CERTIFICATE OF 00315 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) BALTIMORE O STATE WIDEYLAN JO COUNTY IN Page 0 death MARYLAND omd 3 1 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 CATON & VILL 18 COLLEGE hours after a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS, 5016 LAKELAN ON A FARM? STATE HOSP **Give Poges** NO YES Middle DATE with the Sto within 72 DECEASED OF DEATH (Type or print) IF UNDER 24 HR 6 COLOR OR RACE NEVER MARRIED FUNDER 1 YEAR Manths Haurs event 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even it retired) pages l in any \_ Examiner's 13. FATHER'S NAME pence 14 MOTHER'S MAIDEN NAME be "xecuted within ABRA45 2 IS WAS DECEASED EVER NULS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (if yes give wor or dates of service) OHART pending ' 251-07-9995 18 CAUSE OF DEATH (Enter only one cause per ling for (a) (b) and (c)) INTERVAL BETWEEN ARTERIO SCLEROTIC VASCULAR PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) This certificate strauld e, writing the ward farwarded ta the Ch SEASE crematian. DUE TO 2 MONTH 101 WRIMPRY TRACT INFECTION Canditions, flany which gave rise to immediate cause (a). JNFECTED ULCER stating the underlying cause used as burial, PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? the certificate. NO agent, prior ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enger nature of injusy in Port I or Port II of item 18) PR MARY 

or CONTRIBUTING 20c TMF OF INNERY Month Day Year 20e PLACE OF INJURY (Hame, form, (City or town) (County) foctory, street, aff ce bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 21 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Notural couses deoth resulted from: Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE O DEPUTY DEPLITY MEDICAL EXAMINER ELKASAI'TI'S 5 may 10 FUNE Health NAME (Type Address (Street, city, town, or county) 230 BURIAL CREMATION 23d\_ LOCATION (City or Town) (State) REMOVAL (Specify) 24 PUNERAL DIRECTOR / 25b REGISTRAR'S SIGNATURE VR A15ME (5) DATE ! 6M 1/66



<sub>4</sub> (M)	)	MARTLAND STATE DEPARTMENT OF MALTH	-
	ľ (	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
FOR STATE		00313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0316
HEALTH DEPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, it institution: Recountry)	sidence before admission
is necessary, director. Page or your files. epartment of eath.	_	BALTIMERE MARYLAND . STATE Maryland COUNTSOL	Limue
y is necessary al director. Page al or your files. Department of death.	۱ ا	b. CITY OR TOWN (If outside corporate limits, write RURAL and the RURAL and size necrest town)	give nearest town]
s ne recta your your th.	1	while Mirch 10 yrs while much	, ,
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f any the funer retained to State urs after	3.	NAME OF First Middle Last 4. DATE Month	Days Yeer
		(Type or print) DORA GATES King DEATH Jan	6 19 67
画の 大声化		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1)	
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cute T w		18. CAUSE OF DEATH (Enter only one cause per line to b), (b), and (c).]	INTERVAL BETWEEN
exection in along transitions		PART I. DEATH WAS CAUSED BY: A + Keripschewle Carclei Vascila Dise	ONSET AND DEATH
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should to give in person of the short of the		Conditions, if ony, which \ (b) - Hain & 1 terms of all they are is	
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d "pd "pd "pd "pd "pd "pd "pd "pd "pd "p	N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
This converse work	CERTIFICATION		YES NO
	ERTIF	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY   or CONTRIBUTING	
NE ing		CAUSE OF DEATH.	
EXAMINER: the writing the tithe Chief Me R: Page 3 sho	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, Hour a.m. While Not While fectory, street, office bldg., etc.)	iy) (Siete)
EXAD ate, wi b the C DR: Pagent,	₹.	p.m. 19 st work st work	
1525	П	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry	and in my opinion
		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
	П	ACTUAL CHIEF MEDICAL EXAMINER C	DATE SIGNED
BAL for state of the state of t	П	SIGNATURE A.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
D X T D O		NAME (Type) / SO 14 A/ C 1/44/8 Address (Street, city, town, or county)	6/
O DEPUT please exe 4 should b O FUNE Health, or	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stelle)
0 g 4 0 <del>g</del>	С	removal (specify) 1/6/67 Ft. Lincoln Crematory Prince Georges	County, Md.
	23.	FUNERAL DIRECTOR The S H Hines Company	NATURE
VR ATSME TO		The S.H. Hines Company Washington, D.C. DATE JAN 9 1967	Nog . Lee
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	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
£		1	80314 CERTIFICATE OF DEATH						
ar dea	funeral 1 and 2 er death	1	PLACE OF DEATH a. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY  Baltimore						
24 hours after death	in by the fus. Pages 1 shours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
ᄛ	/ filled in by papers. Pagin 72 hours	.  -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE						
	papers.	// _	202 Overbrook Road 202 Overbrook Road YES □ NO K						
executed within	completely fil ve carbon pa event, within	3	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Mabel J. Kinsey DEATH January 14, 1967						
uted	COM OVE C	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 14 FAR   FUNDER 24 HRS						
e Xe	rsician and com lease remove ( and in any eve		temale White WIDOWED DIVORCED DECEMber 10, 1305 01 yrs.						
a	physician in please r wal, and in	đ	country?						
certificate	physical ple	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
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	attend ermit. on, or r	d	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (16. Social Security ND. 17. INFORMANT Family records						
The law requires the la	certificate has been signed by the attending phy hed for use as the burial-transit permit. Then pt. of Health prior to burial, cremation, or removal.	CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/]  PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PORTUNE OF DEATH  20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
PHYSICIAN	r this ce detache ite Dept.	MEDICAL CA							
OR ATTENDING	TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Dep	100	21. I certify that (I) (this inspired attended the deceased from 1967, to 1967, to 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 1967, from the causes and on the date stated above 22a. SURNATURE 22b. DATE SIGNED  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.						
O HOSPITAL Page 4 may	ctor, pi	1	NAME (Type) LAYPISTONLIKEOWN MD. 22d. ADDRESS 431 East Lake Our Belliam Ked 212.						
TO HC	TO FU dire shou		Ba. Burial, Cremation, 236. Date thereof 23c. Name of cemetery or crematory 23d. Location (city, town or county) (State)  Burial Jan. 17, 1967 Readownidge Pemorial Cem. Elkridge, Paryland						
	A15 (4)		John Burns' Sons, Towson, iaryland Date JAN 19 1867						



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£ 502	OUTSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	18
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y fille pape thin 7	Mount Wilson State Hospital	YES NO 8
ath certificate be executed within 2 attending physician and completely fill rmit. Then please remove carbon part or removal, and in any event, within	3. NAME OF DECEASED (Type or print) CURTIS Dayls KIRK OF DEATH	Day Year
omp e ca	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IFUNDER 1	14 19 6 7 YEAR HE (INDER 24 HRS
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ING PHYSICIAN: d by the hospita After this certif 1 be detached fr State Dept. of h	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work	ty) (State)
NG by be be State	Hour a.m. While Not While at work 19 at work 19 at work	
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AL OR ISA DE PAGE 3 PAGE 3 Filed v	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	14.67
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00316 CERTIFICATE OF DEATH funeral and 2 death. deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNT Pages 1 after MARYLAND b. CITY OR TOWN if outside corporate limits, with RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. Cl TOWN If outside corporate limits, write RURAL and give nearest town) sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 holfs, hours e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gife street address) d. STREET ADDRESS ON A FARM? NO X executed within Month 3. NAME OF 4. DATE Day Middle OF DEATH DECEASED (Type or print) 196 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIED MIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of workdone) attending physician rmit. Then please during most of working life, even if retired) certificate removal, FATHER'S NAME 14. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. (Yes, no, or ankown) (If yes give war or dates of service) that the death INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a). (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as the this certificate has be detached for use as the Dept. of Health prior underlying cause last. (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES I NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH L OIRECTOR: After this ce page 3 should be detached filed with the State Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should and that death occurred at 2 2 M, from the causes and on the date stated above. saw the deceased alive on DATE, SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 4 may HOSPITAL 22d. ADDRES8 22c. PHYSICIAN'S director, p should be 1 NAME (Type) Page NAME OF CEMETERY 23d. LOCATION (City, town or county) (State BURIAL, CREMATION, DATE THEREO REMOVAL (Spacify) 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 4-64

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17 -	1 (	M	DIVISION OF STATISTICAL RE	ARYLAND STATE DEPARTMENT OF HEALTH SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
4	4, 750	E I	00317	CERTIFICATE OF DEATH	00320
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	certificate be executed within admin physician and completely Then please remove carbon.	ıt, wi	3. NAME OF DECEASED (Type or print)	Middle, Last 4. DATE Month OF DEATH MULLS	u 6 1967
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	si t	mati	18. CAUSE OF DEATH [Enter only one cause ) PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c). I	ONSET AND DEATH
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Jean certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerator page 3 should be defined for use as the burial-transit befinit. Then please remove carbon papers. Pages 1	pt. of H	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of	
	G PHYS  y the left this	ate De	Hour a.m.	od. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
	OR ATTENDING by the retained by DIRECTOR: After the 3 should be	문	21. I certify that (I) (this hospital) att	tended the deceased from 1946, 19 to Jan. 6	, 19 <u>67</u> , that (I) twe) last
	ATTE retail	ith t	saw the deceased alive on	and that death occurred a M., from the causes a	nd on the date stated above.  22b DATE SIGNED
	y be	iled w	Herbert Tolder	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	Jan. 7, 1967
	TO HOSPITAL Page 4 may TO FUNERAL	d be	22c. PHYSIGIAN'S NAME (Type) HERBERT	GOLDSTONE M.D 3643 Glergyles	llre
	TO HG Page TO FU	shou	23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	7 Chevra Changs Chesed Nandalls	laun, Mil
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MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, by the roner PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE h. COUNTY after Baltimore Md. MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Catonsville .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE ON A FARM? = Home 333 Harlem Lane Shangri-La. 429 S. Augusta Ave. No X YES carbon p within completely NAME OF First Middle Last DATE Month Oay DECEASED (Type or print) Hilda Klein DEATH Jan. 67 19 SFX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months I Days апу WIOOWEO Oct. 22. 1888 Female. Whi te DIVORCEO K 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT g) INDUSTRY COUNTRY? Dept. Store Balto. Md. U. S. A. Sales Lady 13. FATHER'S NAME The law requires that the death certificat 14. MOTHER'S MAIDEN NAME attending on ermit. Then геточа Margaret Gischel Charles F. Schnappinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address Md. (Yes, no, or unknwn) (If yes give war or dates of service) Mr. E. Melvin Klein 12 Magruder Ave. Catonsvill 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by ur.al-transit urial, cram O ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Jing been s ve bur.a. burir DUE TO Cardin Hascelve Deslace Cenditions. If any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. 38 20 PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h hed for use t. of Health 1966 Veriace Meder PERFORMED? CERTIFICAT YES NO F 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) stached ! Dept. of MEGICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained DIRECTOR: A age 3 should led with the P 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 15 M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED **B** 9 page ATTENDING M.D. DIRECTOR Page 4 may O FUNERAL director, pa should be fil PHYSICIAN'S ADDRESS 22d. NAME (Type OL BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Loudon Park Cem. Balto. Md. Jan. 25. 1967 24. FUNERAL DIRECTOR **ADORESS** 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE G. Truman Schwab 3512 Frederick Ave. Balto. Mil BATE JAN VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00319 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 ta PM3. Page af. death. MARY: AND Department b CITY OR TOWN ( f outside corporate limits c LENGTH OF STAY IN 16 c CIY OR TOWN (if outside corparate imits, write RURAL and give nearest town) 6 years OF HOSPITAL OR INSTITUTION (If not in bipspito, give street oddress) d STREET ADDRESS farm haurs ON A FARM? tem 18. Give Pages 24 haurs after death NAME OF w thin 72 DECEASED 2 DEATH with IF UNDER 1 YEAR AGE F UNDER 24 HRS NEVER MARRIED buthday) Months Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Black&Decker Curwensville, Pa. in ony Manager 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME be executed within Rilla Johnston and. Tra M. Knepp Φ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) permit. remayal. Mrs. Patrica C: Knepp 178-20-7982 same as 2D Yes WWll & Kores 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH NFARCTION Б 1MMEDIATE CAUSE (o) This certificate should ward 70011 cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse last. burial, o PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO K please execute the certificate, 2 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part L or Part 1 of Item 18.) ogent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg, etc.) DIRECTOR: Page ot work of work designated Inspection [ 21 I certify that I took charge of the remains described above, held an Autopsy and in my opinion the funeral director. death resulted from Natural causes Accident Suicide 1 Homicide Undetermined monner may be retained FUNERAL DIRECT( CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO FUNE.
Health or it TO DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, Jown & Tourist 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) Burial (Specify) Clearfield Co. Pennsylvania 1 - 25 - 67Crown Crest Cametery 25b REGISTRAR S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 1050 York Rd. Wm. Cook-Brooks Towson Inc. 2.5 6M 1/66

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00323				
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funeral and 2 and 2 r death.	1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the control of the con			
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executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death	C	REATER BALTIMORE MEDICAL CENTRE # 1 BIRD RIVER CROVE RD.	e. IS RESIDENCE ON A FARM? YES ND A		
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cute d coi nove iy ev	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1Y last birthday) Months Da	EAR IF UNDER 24 HRS. Hours   Min.		
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를 를 돌	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
nding . The remo		CLARENCE KNIGHT HILDA BENTON			
th chitten	(Ÿ	Address (If yes give war or dates of service) 214 - 20-506 Mrs Anna M. Knight Bird River G1	rove		
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The law requires that the death or attending physician, sate has been signed by the atter ruse as the burial-transit permit ealth prior to burial, cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Met act acle	INTERVAL BETWEEN ONSET AND DEATH		
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YSIC hos is of eart.			(State)		
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etaire Shir shir th		saw the deceased alive on 126 25th 196 and that death occurred at 0.15 M, from the causes and on the			
OR Ber		22a. SIGNATURE  Th. Stagelle was gely M.D. ATTENDING MED. DIRECTOR PHYS. 1. 2	S-67		
TAL may AL Dag		22c. PHYSICIAN'S	1 4		
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shall be detacled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 shall be filled with the State Dellt. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) 1-28-1967 Abingdon Cemetery Abingdon	y) (State) Md		
P	24	2 Maria 00 4007 Milanda	SIGNATURE		
VR AIS (4)	7	assalm Fune & Home 7401Blue Road DATAN 30 1967 1 Clare	7 0		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00324 PLACE OF USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE Page **b.** COUNTY 3 to ġ, death. Baltimore Maryland Baltimore delay Deportment b CTY OR TOWN ( f outside corporate mits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give negrest town) after Dundalk Dundalk d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? with the State Dep within 72 haurs o Office along with farm pencil in Item 18. Give Pages 9 Patapsco Avenue 9 Patapsco Avenue YES NO X This certificate shauld be executed within 24 haurs after death 3 NAME OF 4 DATE Year DECEMSED KOLB. **JOHN** (Type or print) Jr. DEATH January 19 67 5 SEX 6 COLOR OR RACE 9. AGE ( n years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED B DATE OF BIRTH lost birthdoy Hours DIVORCED WIDOWED event Male White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working I to, even if retired). COUNTRY? INDUSTRY RYLAND rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pmo IS WAS DECEASED EVER NUS ARMED FORCES INFORMANI permit. ar remayal, (Yes, no, or unknown) (If yes give wor or dates of service) FREDA SAME AS #Z IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Acute Alcoholism s a burial-tra crematian, o e certificate, writing the ward should be farwarded ta the Cl DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoling the underlying couse 90 lost. buriol, a nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERM NA. D SEASE COND TON GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? please execute the certificate. YES 🔀 NO 2 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of item 1B.) designated agent, priar 3 shauld PRIMARY CONTRIBUTING C TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MED CAL 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om factory, street office blda, etc.) FUNERAL DIRECTOR: Page ot work at work 21. I certify that I tack charge of the remains described above, held an Autopsy 🔀 Inspection [ Inquiry [ and in my apinian Natural causes 🗴 death resulted from: funeral director Accident Suicide Hamic'de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE Health ar DEPUTY MEDICAL EXAMINER 2/1/67 **EXAMINER'S** Rudiger Breitenecker, M.D. NAME (Type Address (Street, city, town, or county) he 230 BUR AL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 90 REMOVAL (Specify) RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME



## any detay is in pencil in Item 18 Give Pages 1, 2, and 3 to PM3. Page Nie pages 1 and 2 with the State Department of

the funeral director. Page 4 should be farwarded to the Chief Mediesh Examiner's Office along with form

pending.

necessary, please execute the certificate, writing the ward

Health prior to bur'al, cremation, ar removal, and in any event within 72 haurs after death.

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER: This cert, ficate shalled be executed within 24 hours after death If

00322

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00325

٠		PLACE OF DEATH COUNTY	BALTIMORE	66400/	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission on STATE Maryland b. COUNTY			поп)		
		L CITY OF TOWN (	f autside corporate limits,		MARYLAND  C LENGTH OF STAY IN 16		tside corporate firmits, write RUR	Al and awar	onenet town)	
	,		give neorest town)  Catonsville	C ENGIN OF STAT IN	10		onsville	At una give i	# ·	
		. NAME OF HOSPIT	AL OR INSTITUTION (If not in he	spital, give street address)		d STREET ADDRESS			e IS RES	
4			502 Forest	Lane		502	Forest Lane		YES	FARM?
		NAME OF DECEASED	First	Middle		Lost	4. DATE Mont	1	Doy Y	ear
		(Type or print)	Jeanne	Elizabet	h	KREBS	DEATH Januar	of .	,	67
	5 5	SEX	6. COLOR OR RACE 7 M	ARRIED 🔼 NEVER MARRIED	8	DATE OF BIRTH	9 AGE in years	F UNDER 1 Y		ER 24 HRS
		Female		DOWED DIVORCED		2-25-22	44 last birthdoy) yrs		oys Hours	Min
	100 duri	USUAL OCCUPATION ng most of working	(Give kind of work done life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Stote	or foreign country) yland		EN OF WHAT	
	13	FATHER'S NAME				14 MOTHER'S MA DEN I	NAME			
		V	ernon L. Knech	nt			en Matthews			
			R IN U.S. ARMED FORCES? ( f yes give wor or dotes of service	16. SOC AL SECURITY NO 214–16–3338	17. INF Mr 50	Gerard Ki 2 Forest Li	rebs ane	55		
		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))								TWEEN
		PART I. DEATH WAS CAUSED BY:								DEATH
		AU U DUE TO								
		Conditions, if ony								
		rise to immediat	e couse (o), (							
		stoting the underlying couse (c)								
/	NOU	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT DETATED TO THE TERM NOT DISEASE CONDITION CIVEN N. PART 1(c). 19 WAS AUTOPSY								
_	3	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of journey in Port or Port Lof Hern 8.)								
	CERTIFICATION	20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port or Port Lofitem 8.) PRIMARY CONTRIBUTING CLUB CAUSE OF DEATH								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  P.m. 19  20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)  10 of work								
		21. 1 certify that I took charge of the remains described above, held an Autopsy 🔀, Inspect an 🗍, Inquiry 🛴, and in my apinian								
		death resulted from Natural causes XI. Academ   Suicide   Homicide   Undetermined monner								
		CHIEF MEDICAL EXAMINER								
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X								
1		EXAMINER'S NAME (Type)	Charles S. S	pringate, M.D.		DEPUTY MEDICA Address (Street	L EXAMINER	Tanuary	y 12, 1	1967
_	<b>2</b> 3o	BURIAL, CREMATIC		23c NAME OF CEMET	ERY OR CR	EMATORY	23d LOCATION (City or Tov	vn) (C	ounty)	(State)
1	E	REMOVAL (Specify	Woodla	wn Ce		Baltimore	/			
ŗ	24	. FUNERAL DIRECTO	F.D4101 Edm	ondson Ave.		250. RECT	N I 6 1967	Clark SIG	es Jud	ge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANDORS 00323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o GOUNTY o. STATE b. COUNTY Page σŧ and 3 ta haurs after death. B A L T A F R F MARYEAND Department C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town write RURAL and give negrest tawn NS d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Office along with form Item 18 Give Pages 1, 24 haurs after death with the Sto within 72 h 3 NAME OF Middle DATE Lost Month Dov Year DECEASED OF AN B DEATH 19 F UNDER 1 YEAR IF UNDER 24 HR 7 MARRIED 9. AGE (In veors DATE OF BIRTH ost birthdoy) Months Dovs Hours W DOWED DIVORCED NO event 10b KIND OF BUS NESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY ? during most of working INDUSTRY In any ITHS Examiner s pencili 13. FATHER'S NAME This certificate should be executed within 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO e, writing the ward 'pending' i forwarded to the Chief Medical (Yes, no, as unknown) (If yes give war ar dates of service 3 16 burial, crematian, or rema The CAUSE OF DEATH (Enter on y one cause per line for (o) (b), and (c) PART I. DEATH WAS CAUSED BY **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO please execute the certificate. YES designated agent, priar to è 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of niury in Port L or Part 1 of Item 18.) 3 should shauld PRIMARY ar CONTRIBUTING THAT EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, office blda, etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page the funeral director. Page 4 of work of work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection ( Inquiry ISK and in my opin on death resulted from Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta 10 FUNERAL DII Health or its d **DATE SIGNED** ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, of county) NAME (Type) FREDRAK LOCATION (City or Town) 230 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) 11090 Cross of P By REGISTRAR REGISTRAR S SIGNATURE FINERAL DIRECTOR 25b. Ocharles VR A15ME (5). 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00324 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND and in any event, within 72 haurs after the attending physician and campletely filled in by the sit permit. Then please remove carban papers. Pagas b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

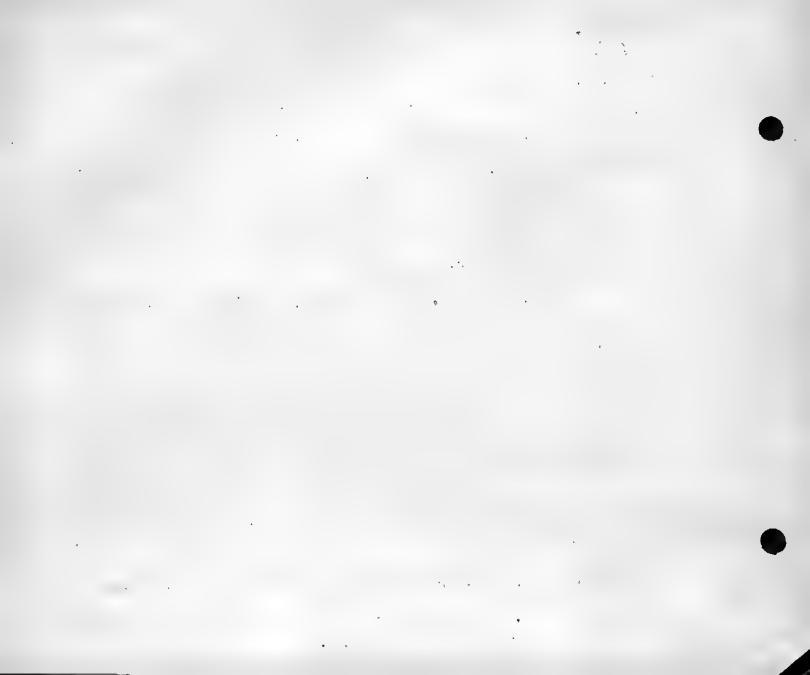
FORT HOWARD c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) 34 Days Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) IS RESIDENCE ON A FARM? Veterans Administration Hospital Hollins Street NO XX 3. NAME OF 4. DATE First Last Month Day Year DECEASED (Type or print) ALFRED JAMES LA LOTTE JANUARY 25 DEATH S SEX 6. COLOR OR RACE 7 MARRIED XX NEVER MARRIED DIVORCED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 619st birthdoy) Months Days Hours 5/1/97 White Male WIDOWED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Restaurant U.S.A. Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME maval, William LaLotte Catherine Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. grunknown) (If yes give war ar dates of service) burial-transit permit burial, crematión, or 217-05-93-66 Clinical Records, VA Hospital, Ft. Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) signed by the burial-transit p PART I DEATH WAS CAUSED BY: CARCINOMA OF RIGHT LUNG IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO for use as the b f Health priar ta b stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept, af Health NO XX 20g ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. Not While factory, street, office bldg., etc.) 19 at work director, page 3 should be should be filed with the Stat 21. I certify that this hospital) attended the deceased from 12/22/ 19 57, and that death accurred at 19 67, that XIX (we) last 220AM, fram causes and an the date stated above. saw the deceased alive-on-22a. SIGNATURE 22b. DATE SIGNED ATTENDING ecchone XX DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN S PETER V. JUVAN, M. D. NAME (Type) VA HOSPITAL. FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland 25b. REGISTRAR'S, SIGNATURE SE REC'D BY REGISTRAR Holins & Poppleton Milarles Judge YR A15 (4) 20 M 1/66 Funeral Home, Baltimore, Maryland DATE



FAR	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00325 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00328
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, if institution, Residence before edmission of COUNTY)
essary, r. Page files. ent of	Dellin re MARYLAND "Salto,
recession partitle	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
The y	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) d. STREET ADDRESS
tuneral dirition of the control of t	1842 YAKona Ra 34 1842 1/AK onakel 34 YEST NO KI
f any occay in the funeral directained for the State Degurs ofter dea	3. NAME OF DECEASED 110 PV Middle Last 4. DATE Month Day Year
h. If and to the control of the Shours	(Type or print)   TTT   (NOW)   HIVE (7)TV   DERTH   DEATH   DEATH   19 AGE (In years IIF UNDER 24 MBC
r deat and 3 may 2 wif	5. SEX  6. COLOMOR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 MRS.   Months   Days   Min.   Months
after 2, a	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or foreign country)
hours ages 1 3. Pag gent a	WAND BEADER MURSERY TENNSYLVANIA U.S.A.
4 5 ¥ 0 0	13. FATHER'S MAIDEN NAME
within 2  Give form Pl  nit. File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT  (Yas, no, or unknown) [lifyasgive war or dates of service]  Address
with free with f	10 (174, 16, or unkown) (1873 give war or Gales of service) 187-01-5689 ABERT & LANIGAN 18+2 JAKONA LD
5 = >	19. CAUSE OF DEATH [Enter only one cause par limber (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  ONSET ANODDEATH
ncil in along transit	IMMEDIATE CAUSE (a) FT TRENS OCCUPACION CONTROL CONTRO
n plu ld ll m plu ld ld ld ld ld ld ld ld ld m plu ld	Conditions, if any, which (b)
<u>ਦੂ ਨਾ ਕਾਰੂ</u>	gave rise to immadiate cause (e), stating the underlying  DUE TO
ertificate 1"pendin Examiner s used as I <sub>c</sub> cremat	cause lest, (c)
0 5 T 7 'B	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTI
t: This he wo he dedical nould!	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
INER: ting the hief Me e 3 sho srior to	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State)  Hour m.m. 19 at work at work at work
EXAB ate, wr b the C DR: Pag agent,	
. 0 9 1 1	21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner
MEDICAL orwarded in DIRECT designated	CHIEF MEDICAL EXAMINER
Y MEDI cute the se forwar AL DIR its design	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
S S P P P P P P P P P P P P P P P P P P	EXAMINER'S NAME (Type)    Solid No. 1   Company   Compan
O DEP please e 4 should O FUN Health	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)
5 4 5 ±	Burial 1/5/67 MORELAND / LENDRIAL DATIMORE NO.
VR A15ME 5M 1/63	23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 240. REGISTRAR'S SIGNATURE 240



MARYLAND STATE DEPARTMENT OF HEALTH PO SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00329 hours after death. and gest 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Mary land Baltimore County MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page nin 72 hours a Baltimore Mount Wilson .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 Mount Wilson State Hospital NO X YES etely event, withi certificate be executed within carbon NAME OF Year Middle Last DATE Month DECEASED OF Margare Mar a u 6 (Type or print) DEATH 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX DATE OF BIRTH remove 7. MARRIED DE NEVER MARRIED last birthday) Months | Davs Hours WIDOWED [ DIVORCED [ ied by the attending physician . -transit purmit. Then please r., cremation, or removed 12. CITIZEN OF WHAT Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) an during most of working life, even if retired) INDUSTRY COUNTRY? Housewil 13. FATHER'S NAME MOTHER'S MAIDEN NAME Shanahan Margaret OSOON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknwn) | (If yes give war or dates of service) Records, Mt. Wilson State Hospital 200 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: u monary IMMEDIATE CAUSE (a) burial, burial, DUE TO Cenditions. If any, which (b) been gave rise to immediate r the DUE TO cause (a), stating the as th prior 1 underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (VEN IN PART 1(a) certificate CAT NO S pwsya TYTICIAN: 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ached DR CONTRIBUTING | CAUSE OF DEATH (IF EXTHER, NOTIFY MEDICAL EXAMINER) CAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. MEDI Not While After at work at work 196 / that (I) (we) last 2. 10. 1964 v 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 11 12 M, from the causes and on the date stated above saw the deceased alive on DATE SIGNED 22b. 22a.C SIGNATURE page ATTENDING M.D. PHYS. DIRECTOR PHYS. may TILL SOLL FUNERAL 22d. ADDRESS Wm. Newcomer, M.D., Superintendent director, should be Mount Wilson, Maryland 23d, LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. REMOVAL (Specify) 0 REC'D BY REGISTRAR 29b. FUNERAL DIRECTOR 25a. Inc 10 Hot'ins st. 'a to. ... DATE 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00327 00331 CERTIFICATE OF DEATH ond 2 death. law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed fived, if institut on Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND RALTIMORE J. MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate imits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 65 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 2001 PENROSE AVENUE VETERANS ADMINISTRATION HOSPITAL NAME OF Middle First Lost DATE Month Year DECEASED 19 67 STEPHEN W. LeCRAFT JANUARY 12 (Type or print) DEATH IF UNDER 1 YEAR S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED \*\* NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS last birthday 4/15/89 Haurs NEGRO MALE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) BINDUSTRY COUNTRY? SPRING HILL, NORTH CAROLINA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INTENOUR MNONTHAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknawn) (If yes give war or dates of service) ю 215 07 53 52 CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART F DEATH WAS CAUSED BY CARCINOMA OF PROSTATE WITH METASTASES TO IMMEDIATE CAUSE (o) UNKINOWN DUE TO LIVER, LUNGS AND HIP BONES Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALTOPSY PERFORMED? YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Not While factory, street, office bldg, etc.) of work 11/18/66 12/67, 19\_\_\_, that 45 (we) las and that death accurred at 9:154 fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an\_ 22o SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 1/12/67 director, page 3 should be filed v M.D. 22d ADDRESS 22c PHYSICIARY HOWARD C. KRAMER, M. D. NAME (Type) VAH FORT HOWARD, MARYIAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BAITIMORE, MARYLAND BAITIMORE NATIONAL 2Sb REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR FUNERAL HOME VR A15 (4)

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	MAR DIVISION OF STATISTICAL RESE	YLAND STATE DEF ARCH AND RECORDS			ARYLÄND
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hours after death.  I in by the funeral s. Pages 1 and 2 is. Pages 1.	1. PLACE OF DEATH a. COUNTY		a. STATE	re deceased lived, If Institution: Re b. COUNTY	sidence before admission)
s after by the Pages 1 irs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside	DALTIMORE corporate limits, write RURAL	and give nearest town)
hours and in by s. Page . hours	BALTIMORE  d. NAME OF HOSPITAL OR INSTITUTION (If not in h	YEARS	BALTIMORE d. STREET AOORESS		e, IS RESIDENCE
r filled papers.	810 REGIS COURT	,	8224 FT. SMAL	LWOOD RD.	ON A FARM? YES NO Y
executed within 24 and completely fille remove carbon pape n any event, within 7	3. NAME OF First DECEASED (Type or print) REBECCA	Middle	0	ATE Month	Oay Year 19 67
executed and comp remove company even			B. OATE OF BIRTH	9. AGE (In years   IF UNDER	
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certificate be ending physician Then-please ir removal, and in	HOUSE WIFE	NDUSTRY	MARYLAND		UNTRY?
fiffical noval	13. FATHER'S NAME WILLIAM BIDDISON		14. MOTHER'S MAIDEN NAM CLARA SCHUL		
h cer tendir iit. T			INFORMANT	Address	
e death certificate be the attending physicia it permit. Ther-pease nation, or removal, and	18. CAUSE OF DEATH [Enter only one cause per		RS. DORIS L. CO	LE SIO REGIS CI	BALTIMORE INTERVAL BETWEEN ONSET AND DEATH
an.	PART 1. OEATH WAS CAUSED BY: .IMMEDIATE CAUSE (a)	on the presuma	nia		ONSET AND DEATH
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requili	gave rise to immediate ( cause (a), stating the OUE TO				3
law hatte hay	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
	20a, ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury	In Part I or Part II of Item 18.	YES NO X
20 P P P P P P P P P P P P P P P P P P P					
	Hour a.m. 19 at wor	Not While facto	CE OF INJURY (Home, farm, 2: ry, street, office bldg., etc.)	Of. (City or town) (Cou	nty) (State)
ATTENDING F retained by t CTOR: After should be d vith the State	21. I certify that (i) (this hospital) attend	ded the deceased from a	pri , 1965		Z, that (I) (we) last
OR ATTENDI be retained IRECTOR: A ie 3 should	saw the deceased alive on Jerman, 22a. SIGNATURE	15 196-7, and that			ne date stated above. ATE SIGNEO
AL OR hay be the page filed	22c. PHYSICTAN'S	Physics M.O	1 22d ADDRESS		17-67
TO HOSPITAL OR ATTENDIPED A PAGE 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) E. Roderick S	Shipley, M.D.		de Rd., Linthi	
TO HOS Page TO FUN direct	23a. BURIAL CREMATION, 23b. OATE THEREOF I/18/67	MEADOWRIDGE	CEMETERY	BALTIMORE, MD.	
VR A15 (4)	24. FUNERAL DIRECTOR FH 237 4	ADDRESS AU	25a. REC'D BY	REGISTRAR 25b. REGISTRAR'	
15M 4-64	11460119 1.11. 2011A	The Pro	C. DETAIN I.O	1001	0



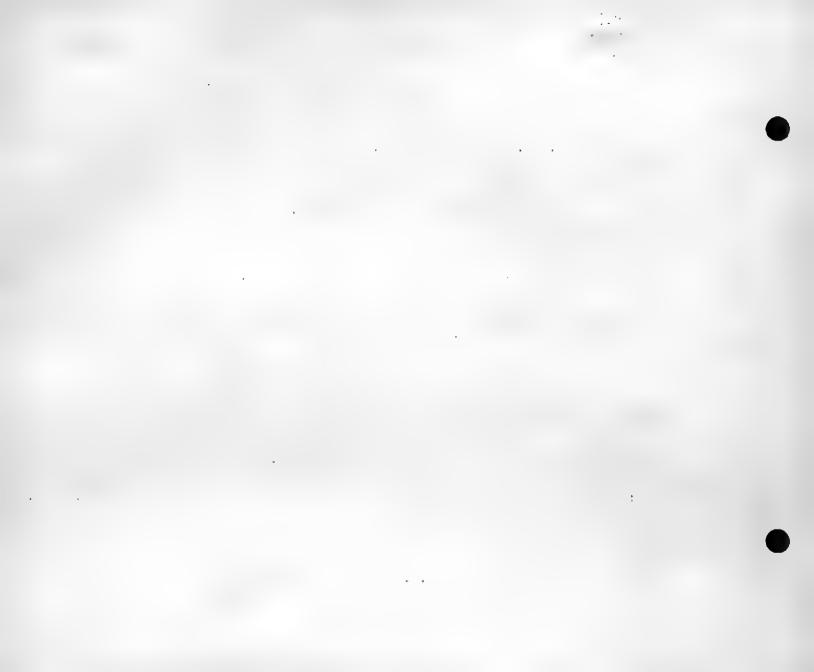
. 1 (M)		Division of STATISTICAL	MARYLAND STATE DE L RESEARCH AND RECORDS, 301			LAND 21201
IVI		00329		OF DEATH		00332
director, page 3 shauld be detached for use as the burial-transit permit. Therefease remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death.	В b. Т	ACE OF DEATH COUNTY altimore CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) OWSON NAME OF HOSPITAL OR INSTITUTION (If not in h t. Joseph Hospital	MARYLAND  c LENGTH OF STAY IN 1b  hospitol, give street oddress)	o. STATE Maryland		УТҮ /
			Middle	Lost	4 DATE MOR	
	(T S 58		MARRIED NEVER MARRIED	LEE 8. DATE OF BIRTH	9 AGE (In years	ary 20, 19 67    IF UNDER TYEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
	10o.1	emale White W  ISLAL OCCUPATION (Give kind of work done g most of working life, even if retired)  omemaker	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	nty & Store, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	13. 1	John Baum	nan	14. MOTHER'S MAIDE	N NAME Mary Loh	man
, or ren	TS (Yes,	was Deceased Ever IN U.S. ARMED FORCES? ng, prunknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17 1 213-03-2584 Mz	informant s. Cynth	ia Rohde	(Same)
ir ta burial, cremat		MACO! DUE TO	Cardio-Respiratory  Obstruction of the  Thrombus in Right	Pulmonary		ONSET AND DEATH
. /	ATION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES X NO
	CERT	200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED			
İ	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o m. p.m. 19	While Not While of work of the foct	CE OF INJURY (Home, flory, street, office bldg., s	etc.)	(County) (Stote)
		21. I certify that (1) (this haspital saw the deceased alive on 1/2	l) attended the deceased fram_1 20/19_67, and tha	L2/9/ t death accurred	, 19 <u>66</u> , ta <u>1/20/</u> at <b>1:30P</b> M, fram causes	and an the date stated abave.
ed will		220. SIGNATURE Dr. Reynaldo Orjuela		D. PHYS. 22d ADDRESS	MED. STAFF DIRECTOR PHYS.	January 20,1967
d be fill		22c. PHYSICIAN'S NAME (Type)	ell his.	7620 You	k Rd., Towson,	
shoul		BURIAL (REMATION, 23b. DATE THEREOF PRINCIPLE 1/23/C	67. yardens of	taith (en		
1 10	7	funeral director on and J. Ruck, Inc	c. Balto. Md. 21	1214 DATE	JAN 25 1967	OCL -

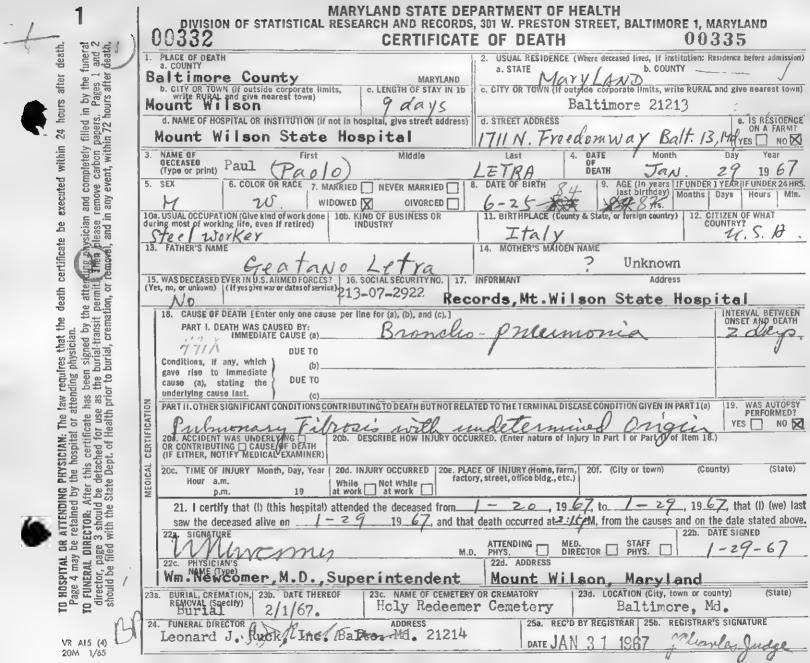


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00330 DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY 2, and 3 ta PM3. Page Baltimore State Department of Pennsylvania MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chester d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office along with farm Kennedy Hwy. near White Marsh Blvd. 364 Lamokin St. 8. Give Pages AE2 NO hours after death. 3 NAME OF First Middle lost 4 DATE Month Doy DECEASED OF (Type or print) Lorenzo Lee 21 DEATH 67 5 SEX 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH F UNDER 24 HRS lost birthday) Months Days Hours event within 72 haurs after death male colored **WIDOWED** D-VORCED. em ] 10g USUA, OCCLPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed with Φ .⊆ LL. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit icate, minima the word 'pending' i be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burrai-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (o). mriting the word DUE TO any Conditions, if any, which gove rise to immediate couse (a), Ξ DUE TO 0 stating the underlying couse ang 9 lost. auld be used o 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION please execute the certificate. NO X YES Pe 200 EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of tem 18.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH Passenger in auto into fixed object crematian, MEDICAL 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm (City or town) (County) (State) your Hour o.m While Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 5 19 67 4:46 XXX of work of work Baltimore street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry and in my apinian Health priar to burial, death resulted from Natural causes Accident k Suicide Homicide Undetermined manner the funeral director. may be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Spitz, DEPLTY MEDICAL EXAMINER Werner U. 1/21/67 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o BURIAL TREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC D BY REGISTRAR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00334 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 2, and 3 to PM3. Poge o. COUNTY p. STATE Baltimore Soges I and 2 with the State Department of Pennsylvania MARY, AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Philadelphia d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE againer's Office olong with farm ON A FARM? Kennedy Hwy. nr. White Marsh Blvd. 6147 Spruce St. YES NO. in Item 18. Give Pages This certificate should be executed within 24 hours after death. NAME OF Middle First Lost DATE Year DECEASED 21 Louis 19 67 (Type or print) Lee DEATH IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs after death colored WIDOWED DIVORCED 40 male 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN (Yes, no, or unknown) If If yes give war or dates of service the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH in any event Multiple injuries IMMEDIATE CAUSE (6) **DUE TO** Conditions, if only, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse ond lost. be used removal, 19 WAS ALTÖPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) CERTIFICATION please execute the certificate, YES T NO. 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Part L of Item 18.) 3 should cremotion, or PRIMARY TO CONTRIBUTING MEDICAL EXAMINER: driver of auto into fixed object files. CAUSE OF DEATH MEDICAL 2De PLACE OF INJURY (Home, form, 20f (City or fown) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) While Not While Vour FUNERAL DIRECTOR: Page x 19 67 Balto. Md. street of work 21 I certify that I took charge of the remains described above, held an Autopsy 🖾 Inspection Induity [ and in my opinion Suicide [ funerol director. Accident X death resulted from: Natural couses Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER & prior SIGNATURE DEPUTY MEDICAL EXAM NER 1/21/67 Spitz M.D Werner U. **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type 236 8 JRIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67







MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEFARTMENT OF STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00333 CERTIFICATE OF DEATH funeral and 2 r death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Physician and completely filled in by the 1 emplease remove carbon papers. Pages 1 the and in any event, within 72 hours after Baltimore 24 hours after Maruland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b Write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Foxleigh Nursing Home YES T Timberkield NO executed within NAME OF DECEASED First Middle Last DATE Month Day Year OF (Type or print) samue berman DEATH 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours Male (Thite WI

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 73 WIDOWED DIVORCED | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY COUNTRY? Tailor Shop Russia USA the burial-transit permit. Hearth to burial, cremation, or removal 13. FATHER'S NAME MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 3301 Timberfield Lane No 217-03-3241 Mrs. Tina Liberman. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: be retained by the hospital or attending physician. month IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the FINITION OF THE CONTROL OF THE CONTROL OF HE STREET, PAGE 3 Should be detached for use as hould be filed with the State Dept. of Health priority underlying cause last. (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. detached for use te Dept, of Health YES NO K rivar-00 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20f. (Clty or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While **Not While** OR ATTENDING at work at work 19 66 to 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at 9:00 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. AODRESS 22c. director, p should be 1 NAME (Type) LOCATION (City, town or couldty) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, REMOVAL (Specify) Workmen Circle Maryland Burial Raltimore. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Milanely 196 Levinson & Bros. Inc., 6010 Reisterstown Rd. DATE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00334 CERTIFICATE OF DEATH 00337 Isician and campletely filled in by the funeral please remove carban papers. Pages 1 and 2 I, and in any event, within 72 haurs after/death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Raltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) Baltimore 21214 IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital 2715 Beechland Ave. YES NO THE 3 NAME OF Middle 4 DATE Month First Doy Year **DECEASED** John Lidinsky 9 19 67 DEATH January (Type or pant) 9 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED F **NEVER MARRIED** Months (ast\_birthdoy) Hours white WIDOWED DIVORCED male 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR City of during most of working life, even if retired)
Sureau of Parks Maryland USA Daltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Hora or remaya Frank Lidinsky 16. SOCIAL SECURITY NO 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, arunknown) (If yes give wor or dates of service) 217-16-4512 Mrs. Mary A. Lidinsky (Same) O HOSPITAL OR ATTENDING PHTSICIAN.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention of the burial-transit permitted to the property of the standard of the burial condition. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. (squamous cell) Metastatic Cancer IMMEDIATE CAUSE (o) \_\_\_ DUE TO Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO K 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Hour o.m. of work ot work 21. I certify that (1) (this haspital) attended the deceased fram Jan. 2 , 1967, to Jan. 9 , 1907, that (1) (we) last 1967, and that death accurred at 5.45 M/from causes and an the date stated above. saw the deceased alive an Jan. 9 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. 1/9/67 DIRECTOR M.D. Pamer 22d. ADDRESS 22c. PHYSICIAN'S Ramon P. Lorez 7620 York Rd. Baltimore, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY
Holy Redeemer Cemetery 23d LOCATION (City or Town)
Baltimore, Md. 23b DATE THEREOF 1/13/67. 230. BURIAL, CREMATION, (County) REMOVAL (Specify) **ADDRESS** 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20 M 1/66



1	00335 CERTIFIC	CATE OF DEATH	00338
1.	PLACE OF DEATH  COUNTY  MARYLA  MARYLA		BALTIMORE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  ATONS I'LL  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, nive street eddress)	CATONSVILLE	A y
3.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  6/4/10/RT/HBF-ND RD  NAME OF Middle	6/14 NORTHBEND R	e. IS RESIDENC ON A FARM YES NO NO
	(Type or print) SARAH L	NTHICUM DEATH JAN	9 1967
10	WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF IN	1-13-1887 Styrn.	Months Days Hours Min.
4	one during most of working life, even if refired)  HOUSE WIFE FATHER'S NAME	MARYLAND 14. MOTHER'S MAIDEN NAME	USA
15	JOHN G SHAW WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT HAY WAIPNE	R
	es, no, or unkown) (If yesgivewerordales of service)  //  //  //  //  //  //  //  //  //  /	WALTER LINTHICKM 614 NO.	RTHBIAN RD
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO	rascular accident	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse	Errotic cardio vasa	relar
Z	(a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	LIT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(a), 19 WAS AUTOPS
CERTIFICATION			PERFORMED?
Ι.	OR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter neture of injury in Perf & or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20 While Not While at work at work	te. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased is saw the deceased alive on		, 1947, that (I) (we) I and on the date stated above
	228. SIGNATURE Jones Ul Soda	M.D. ATTENDING MED. STAFF	22b. DAT SIGN
-	22c. PHYSICIAN'S NAME (Type) / Honzer L. Todd	22d. ADDRESS 21088/Paul	· 8h
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME REMOVAL (Specify) 1-11-1967 MT CL-11	TET OF M. FREDERICK	RD M.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE JAN 11 1967	GISTRAR'S SIGNATURE



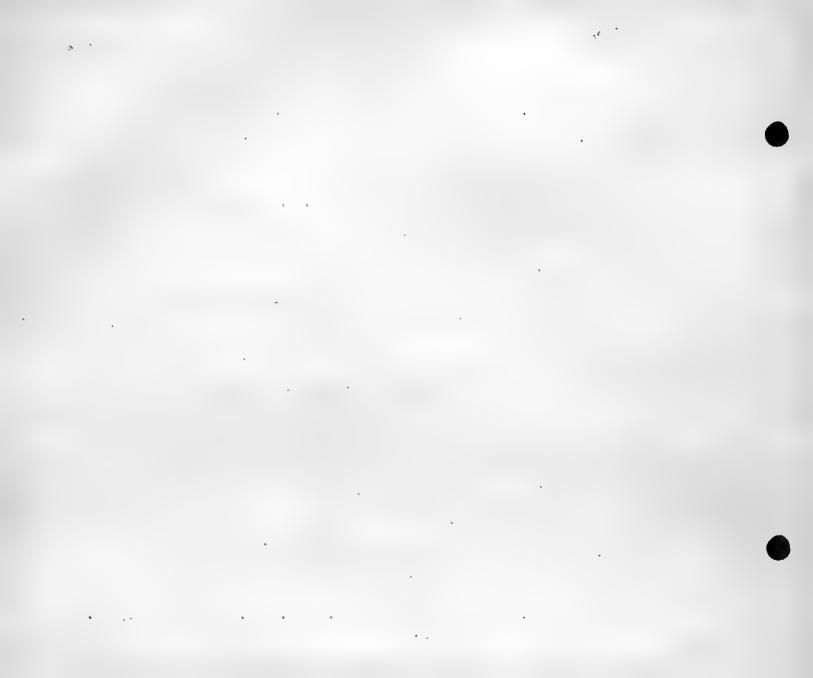
.e. •				PARTMENT OF HEALTH	
		Division of STATISTICAL	research and records, 301 tem 7 Film G 384	W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
- Kil		00336	tem 7 Film G 84 CERTIFICATE	OF DEATH	00339
taw requires that the death certificate be executed within 24 haurs after death nating physician. been signed by the attending physical and campletely filled in by the funeral-signed by the attending physical and campletely filled in by the funeral-signed burial-transit permit. They place remove carban papers. Pages, 1 and in any event, within 72 haurs after a form		COUNTY BALTO	MARYLAND	2 USUAL RESIDENCE Vhere deceased lived, o. STATE	if institution Residence before admission) b COUNTY Howard
haurs afte n by the f s. Pages haurs afte		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits,	write RURAL and give nearest town)
4 hau Jan baers.		NAME OF HOSPITAL OR INSTITUTION (If nat in he	aspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
thin 24 filled n pap	3	IAME OF STATE FIRST	410R , Middle	Lost 4. DATE	YES NO Manth Day Year
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execut d cam move iny ev	_ '	m w we		B DATE OF BIRTH  9 AGE (In jost bi	rthdoy) Months Doys Hours Man.
ate be executed within 24 haurs af and campletely filled in by the sase remove carbon papers. Page and in any event, within 72 haurs and	10o duri	usual Occupation (Give kind af wark dane ing most of work ng life leven if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign county &	12. CITIZEN OF WHAT COUNTRY?
rrtifica 3val,	13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
affending affending permit. The	15 fYe	WAS DECEASED EVER IN U.S. ARMED FORCES?  no, or Johnson) (If yes give war ar dates of septim	16 SOCIAL SECURITY NO. 17. II	NFORMANT E	Address Wood stock
ne deatl attendi permit. ian, ar r		1B. CAUSE OF DEATH (Enter only one cause per	1226-16-2492	SOBERT BRYANT	INTERVAL BETWEEN
quires that the death certif physician. signed by the attending par burial-transit permit. Thes, burial, crematian, ar remava		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Car however	len Hemonten	ONSET AND DEATH
physician physician signed by burial-tra burial, cre		Conditions, if any, which gave (b) (b)	Haznertina	2	yeur
law requending postering p		stating the underlying couse lost. (c)			
The atter has se as the pri	NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
PHYSICIAN: The he hospital or at this certificate he etached far use Dept af Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Part 1 or Port II of ite	m 1B.)
G PHYSICIAN the hospital of this certifical detached far ie Dept af He	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour orn.		E OF INJURY (Hame form, 20f. (City or	town) (County) (State)
TENDING Inned by the State if the State if	MED	p.m. 19 21. I certify that (I) (this haspital)	ot wark U at work U	ary, street, affice bldg, etc.)	9 - 10 Z 7 that (1) () (-
ATTEND Petained CTOR: A Shauld		saw the deceased alive an 🤊 🧳			causes and an the date stated above
OR ATTENDING PHYSICIAN be retained by the hospiral DIRECTOR: After this certifica is 3 shauld be detached far ed with the State Dept of He		22a SIGNATURE  ZULLELA Dan	acure M.D	). PHYS DIRECTOR L PI	AFF 22b. DATE SIGNED 145 D Jan 67
PITAL may   ERAL D		22c PHYSICIAN'S NAME (Type)	GOO MAN, M.D	1334 Lubland	my Al- 21227
Page 4 may be retained  O FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL (REMATION, REMOVAL (Specify) / -/3 -6	23c NAME OF CEMETERY OR C	REMATORY 23d LOCATION OF	City ar Town) (County) (Stote)
VR A15 (4) 20 M 1/66	24	EUNIFRAN DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
20 M 1/66	4	c. III OID DO I HON	ELL16011611	CAPATE JAN 16 19	67 Charley Judge



			00337			CERTIFIC	ATE	OF DEATH			0034	a
是是		1 8	LACE OF DEATH			<u> </u>	II	2. USUAL RESIDENCE	Where deceas	ed lived, if institution		
papers Pages and hin 72 hours after death	1	d	COUNTY Balt:	imore		MARYLAN	ID II	o. STATE Mary	land	b. COUN	Y Cecil	· V
ges.		1	CITY OR TOWN (IF	outside corporate limit	5,	C LENGTH OF STAY IN 11	b	c. CITY OR TOWN (If o		te limits, write RUR	AL and give near	rest town)
Page		<u></u>		give negresi town)		1% years		Warw	ick		67	- p A
ave carban papers y event, within 72 h	15	(		OR INSTITUTION (If no				d STREET ADDRESS				e IS RESIDENCE ON A FARM?
any event, within 72		2 1	IAME OF	wood State	Hospit	Middle	!	Lost	4. DATE	Month	, D	YES NO ■
, ,			ECEASED Type of print)	Ter		Lee	]	LOCKWOOD	OF DEATH	1		7 19 67
ven			41	6. COLOR OR RACE	7 MARR ED	NEVER MARRIED		DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS
			Temale	White	WIDOWED	DIVORCED [		5-29-64		lost pirthdoy)		
2		dura	na most af wark na lit	Give kind of work done e, even if refired)	10b Kil	ND OF BUSINESS OR Dustry		11 BIRTHPLACE (Count	,		12 CITIZEN COUNTR	Vn
9		l i	Dependent FATHER S NAME			none		Cecil Co		yland		U.S.A.
avai				rd Lockwoo	d			Esther A	11/	GUMM		
rem				IN U.S. ARMED FORCES? If yes give wor or dotes of		OCIAL SECURITY NO	17. IN	FORMANT	"J PARA	Addres	55	
burial-transit permit. Then burial, crematian, ar remava			i, na, ar unknawn) (i	If yes give wor or dotes	of service)	none	Ros	sewood Rec	ords,	Owings Mi	lls, Ma	ryland
r pe			18. CAUSE OF DEA	ATH (Enter anly one cou								NTERVAL BETWEEN ONSET AND DEATH
GIID GEMI	v		LETA I V	IMMEDIATE CAUSE	(~)	ronchopneu	moni	ia				
5		П	Conditions, if any,	DUE which gave 3								
bur			rise to immediate stating the underly	cause (a), (	(b)							
		П	last.	)	(c)							
State Dept. of Realth prior to	2	NO.				O DEATH BUT NOT RELATE	D TO TH	IE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		9. WAS AUTOPSY PERFORMED?
5		Š		vere ment		GRIBE HOW INJURY OCCU	DDED /E	inter nature of injury is	Dort Las Bas	II of item 19 t		YES NO 🔼
5		L CERTIFICATION	OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	200 DE:	CKIBE HOW INJURY OCCU	KKED (E	inter natore at injury in	run jur rui	11 01 116111 10.)		
ב ב		MEDICAL	20c. TIME OF INJUR Hour o m.	RY Manth, Day, Year	18/6-14	Atma Milfella		OF INJURY (Hame, far ry, street, office bldg , etc		(City or town)	(County)	(State)
		2	p.m.		ot work			4_10_	195	1-17	10.67	that (# (we) las
2		П	21. I certify	y that (4) (this has ceased alive an	1-17	led the deceased fro	im I that	death accurred a		0 34 0 14-14		
M			220. SIGNATURE	1 12 11				ATTENDING	MED	STAFF S	22b. DATE SI	
60 S				NOUN!			M.D.	PHYS 22d ADDRESS	DIRECTOR	PHYS 🖎	1-1	7-68
e ∰	1		22c PHYSICIAN'S NAME (Type)	Zsolt Kop	nanvi.	M.D		Rosewood	St. H	osoOwi	ings Mil	lls. Md.
n n	1	230	BURJAL CREMATION			23c. NAME OF CEMETER	Y OR CI			CATION (City or Tov		
should be filed	0		BURIAL (REMATION REMOVAL (Specify)	1 Jan 2	01967	Busic 1	ins	clery	Jeur	al Barch	19 Can	manon Co
(4) /66	23	24	FUNERAL DIRECTOR	- 0.0	mi	ADDRESS	<b>b</b>		D BY REGISTR	1_	GISTRAR'S SIGNA	mb.
52	(6)	1/4	Character	12/12/2015	101.	11274	11 k	DATE	Ja MAI	1967 .	" John	Jan Jan



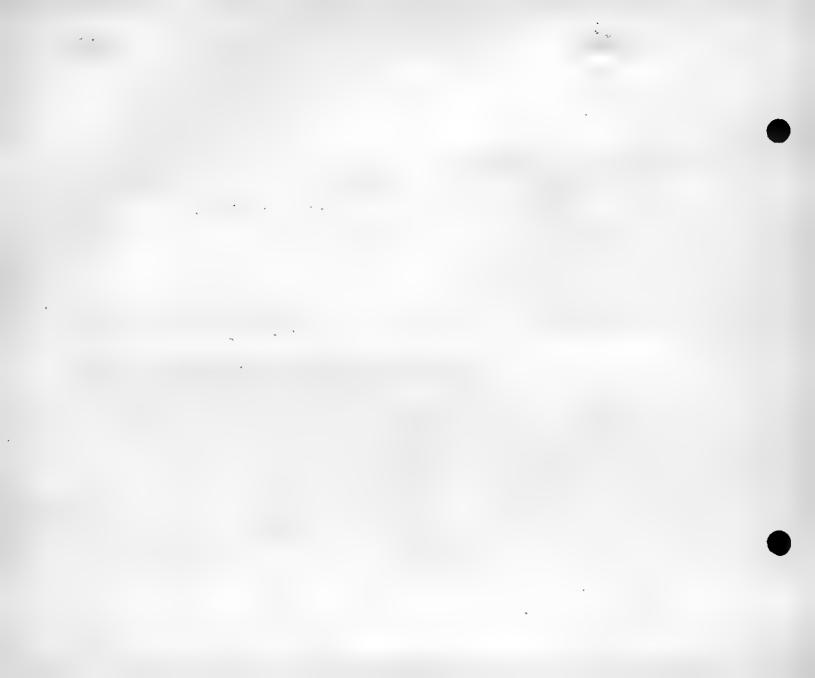
DIVISION OF STATISTICAL RE	AKTLAND STATE DEF ESEARCH AND RECORDS	'ARIMENI UF HEAL . 301 W. PRESTON STRE	I M ET. BALTIMORE 1. MARYLAND
00338			00341
1. PLACE OF BEATH 6. COUNTY Baltimore	MADYLAND	*******	eceased lived, If Institution: Residence before admission) b. COUNTY Baltimore
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)		~	rporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not	In hospital, give street address)	d. STREET ADDRESS Dover Koad	6. IS RESIDENCE ON A FARM? YES ND
3. NAME DF First DECEASED (Type or print)  Manian Con	Middle	Last 4. DATE	
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	. DATE OF BIRTH	AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stat	
13. FATHER'S NAME	W-007 Q 7 Y 0 F 1 E Q	14. MOTHER'S MAIDEN NAME	
Albert 1. Carney		Pary (heno	weth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None	16. SOCIAL SECURITY NO. 17.		ands
	per line for (a), (b), and (c).]	1, /	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	some will	h rommer	( ) ( ) ( ) ( )
Conditions. If any, which )	311317 11 12	21 m + 51 ()	hand or a
gave rise to immediate cause (a), stating the DUE 10	Halfrene H	a dore	a of
	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CD	NDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORM ED? YES NO
	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Item 18.)
ZDc. TIME OF INJURY Month, Day, Year   2 Hour e.m. p.m. 19 at	THE POST OF THE PO	CE OF INJURY (Home, farm, y, street, office bldg., etc.)	(City or town) (County) (State)
saw the deceased alive on	19, and that	death occurred atM, 1	rom the causes and on the date stated above
service - tell	M.D		STAFF   / - // - ( 7
	1) 3+41	ilenter.	TOMA N.
	- 6 11 0	OR GREMATORY 23d.	CREUNVILLE Ad
24. FUNERAL DIRECTOR	As I I	25a. REC'D BY REC	SISTRAR 25b. REGISTRAR'S SIGNATURE
join burns sons, Towson	, Marylana	DATE 1AN 1	3 1967 Julianes Judge
	DIVISION OF STATISTICAL RE  00338  1. PLACE DF DEATH e. COUNTY  Baltimore  b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  ARRISONVILLE  d. NAME OF HOSPITAL OR INSTITUTION (if not CHAPEL HILLS NURSIN)  3. NAME DF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED FORCES? (Yes, no, er unkown)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEULE  13. FATHER'S NAME  Albert 1. Carney  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, er unkown) (Types give war or dates of service)  NO  18. CAUSE DF DEATH (Enter only one cause PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONT (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING 1200 (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I Certify that (I) (this hospital) att saw the deceased alive Dn.  21. I Certify that (I) (this hospital) att saw the deceased alive Dn.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	DOSAS  CERTIFICATE  1. PLACE DF DEATH 9. COUNTY  Baltimore  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH CF STAY IN 1b  MARYLAND  MARYLAND  C. LENGTH CF STAY IN 1b  MARYLAND  C. LENGTH  MARYLAND  C. LENGTH  MARYLAND  C. LENGTH  MARYLAND  C. L	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE  OO336  CERTIFICATE OF DEATH  DEATH  LOUNTY  Datinore  MARYLAND  D. CITY OR TOWN (If outside corporate limits, with the property of the pro



1	1		DIVISION OF STATISTICAL I	MARTEAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOF	RE 1, MARYLAND
- American Company	# 504		00339	CERTIFICATE OF DEATH	00342
	after death.  y the funeral ges 1 and 2 is after (death.	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If inst a. STATE b. COUNT	itution: Residence before admission)
	. a. a.		b. CITY OR TOWN (if outside corporate limit	MARYLAND MARYLAND	7
	5 9 6 E		write RURAL and give nearest town)		e nunal and give nearest town)
	24 hours filled in by apers. Pa	-	d. NAME OF HOSPITAL OR INSTITUTION (If n	not in hospital, give street address) d. STREET ADDRESS	1.5.3 6 O. IS RESIDENCE
		G		MEDICAL CENTER 4240 THORNCLIFF	ON A FARM? YES NO. NO.
	completely ve carbon p event, with	3.	DECEASED	Middle Last 4. DATE Month	Day Year
	ed womplomble	5.	SEX   6. COLOR OR RACE   7 MA	ARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years	FUNDER 1 YEAR IF UNDER 24 HRS.
	and corremove				Months Days Hours Min.
	e execu an and e remov l in any	10:			12. CITIZEN OF WHAT COUNTRY?
	th certificate be e		NS EXAMINER	INSURANCE PATTERSON, N. J.	USA
	ifica g ph ien ioval	١,	- 14 A - 2 2 2	11:11 1 2 1 1 1 1	
	cert din series	-4	. WAS DECEASED EVER IN U.S. ARMED FORCES?	?   16. SOCIAL SECURITYNO.   17. INFORMANT Address	3'
	attendis	(Y	es, no, or unkown) (If yes give war or dates of service	1. 43 00 3 0 63 3h D & Oh	s 711 Selair .d
	at the deat ian. d by the at ransit per cremation.		18. CAUSE OF DEATH [Enter only one caus	se per line for (a), (b), and (c).]	INTERVAL BETWEEN
	at the ian. d by transtrans cres		PART J. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Cardioreshivaron failure	
	ires that the physician. n signed by th burial-transit burial, cremat		Conditions, if any, which \ (a)	Merastatic ademocraciona of mediastime	3 inneths
	require ding pl been the bu the bu		gave rise to immediate (b) cause (a), stating the DUE TO	O 1 11 C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	faw re iftendii has be as th prior	_	underlying cause last. ) (c)	Probably Carcinoma of the oling	
		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CD	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	P ERFORMED?
	ICIAN: The la ospital or att certificate h hed for use t. of Health p	E E	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of	Item 18.)
	HYSICIAN the hospitathis certification of		20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PHYSI the he this detack	MEDICAL	20c. TIME OF INJURY Month, Day, Year   Hour a.m.	20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	d by the After the design of t	MED		at work at work	
	ATTENDING retained by CTOR: After should be with the Stat		21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 17, 1967, to 18	, 19_6_/_, that (I) (we) last
	L OR ATTENI y be retaine DIRECTOR: age 3 should		22a. SIGNATURE	^	22b. DATE SIGNED
			pan L. K	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	1-8-61
	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S NAME (Type) JUAN L	ROQUE 22d. ADDRESS N. Charles St.	Balto 4 Md.
	Page Page Full direction	23	a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)		wn or county) (State)
	F F	24	Burial 1-10-196	Parkwood Cometery Baltimo e Co	GISTRAR'S SIGNATURE
	VR AI5 (4)		P . 0 7 611	7401 B. Car Road DATE JAN 10 1967	colinate Outer
	20M 1/65	124	Cassakmallminal 14	TOTAL TOTAL VIDAG I DATE ONLY I VIDAG	(L. ()



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00343 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 to PM3 Page pages 1 and 2 with the State Deportment of MARYLAND CLENGTH DE STAY N. In. (if autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest tawn) SEX d NAME DE HOSP TAL DR INSTITUT DN (f not in haspita, give street address) d. STREET ADDRESS IS RESIDENCE n pencil in Item 18. Give Pages 1, Examiner's Office along with form ON A FARM? NO 🖾 This certificate should be executed within 24 hours ofter death NAME OF Lost DECEASED LOWERS JAIN 30 DEATH IF UNDER I YEAR SEX 7 MARRIED NEVER MARRIED B DATE OF BRTH AGE (In years lost birthdoy) Months Days ours after deoth. 丁レムと WIDOWED 100 JSUAL OCCUPATION (Give kind of work done 11 B-RTHPLACE (State or foreign country) 12 CT ZEN DE WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOWERS IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address should be farwarded to the Chief Medical pending" UNK IB CAUSE OF DEATH (Enter only one couse per lune for (o), (b), PART I DEATH WAS CAUSED BY ONSET AND DEATH any event IMMEDIATE CAUSE (6) writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoling the underlying couse last. 3 should be used 19 WAS AUTOPSY PERFORMED? cremation, or removal, PART II OTHER GRIFICANT COND TONS CONTRIBUTING, TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE (DNDITTON GIVEN IN PART 1(o) CERTIFICATION NO 🔭 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mary in Port or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20p PLACE OF NJURY (Home form (City or town) ((county) (Stote) factory, street, office bldg , etc.) ot work 21 I certify that I took charge of the remains described above held an Autapsy ... Inspection and n my apinion death resulted from-Natural causes Acc dent Surcide . Hamic de Undetermined manner funeral director CHIEF MEDICAL EXAM.NER Health prior to 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE **DEPUTY MEDICAL EXAMINER** Address (Street, city, town or county) NAME (Type NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION. 23b DATE THEREOF 50 REMOVAL (Specify) LUTHEASIN NORVELT 250 REC'D BY REGISTRAR 25b REGISTRAR S. S GNATUR 24 FUNERAL D RECTOR VR A15ME (5) 1967 CONNELLE 300 MACKEDATE 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH funeral. and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) the 1 b. COUNTY after MARYLAND 12 b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) sician and completely filled in by ease remove carbon papers. Pag and in any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO X YES! NAME OF Middle DATE Last DECEASED OF 16 (Type or print) OWR DEATH 19 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTA 7. MARRIED 8. NEVER MARRIED WIDOWED OIVORCED [ 0 Yrs. nding ahysician a 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME Row 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address ed by the attentrans.t permit. (Yes, no, or unkown) (If yes give war or dates of service) 0 CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN has been signed by te as the burial-transit harior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather the state of 19. WAS AUTDPSY PERFORMED? NO M YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) tached f MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) be det State D factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work ) FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St 21. I certify that (I) (this hospital) attended the deceased from 2. to 19 that (I) (we) last saw the deceased alive on and that death occurred at from the causes and on the date stated above. 22a, SIGNATE DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR \_\_\_ O HOSPITAL 22d. ADORESS director, p should be f BALTIMORE BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) WoodLAWN MARYLAND LORBAIME 6m URIAL REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Charley Cook-VR A15 (4) LOWSON INC LOWSON MC DATE 20M 1/65 1204

1 . 31-1

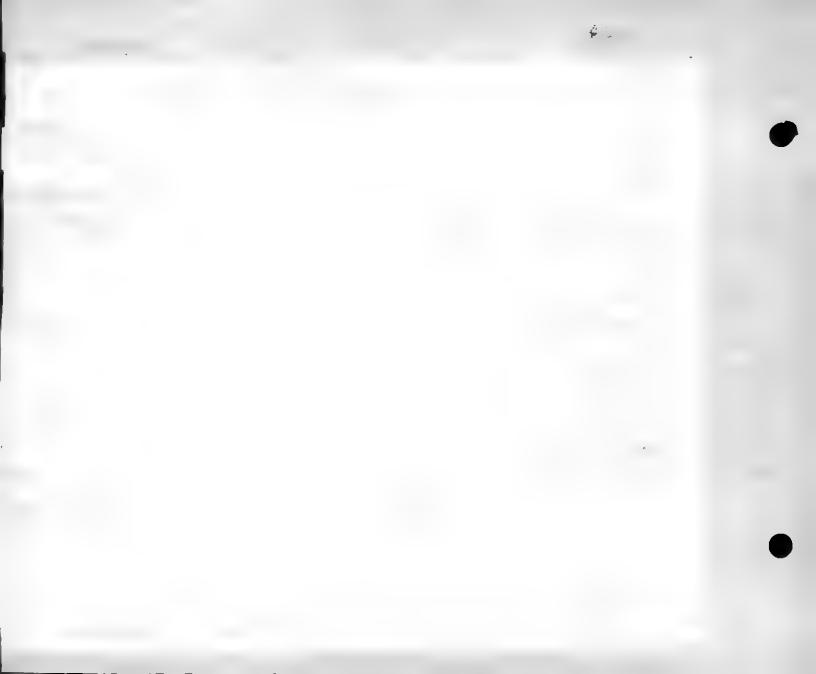
L CHILL WAY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 00345 2. DATE AND HOUR OF DEATH (Type or Print) KONSTANTI USUAL RESIDENCE (Where deceased aved, if institution; residence before admission BALTIM. E FULL NAME OF ilf not in hospital or institution, give street HOSPITAL OR oddress ar location) BIRCE NOBSING HOL 32944RLEM MN 21229 BOLT: MORE Carl 5. SEX 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. Months; Doys WIDOWED, DIVORCED (specify) lost birthday SINGLE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY LACE (Sigte or foreign country) 12. CITIZEN OF Edoge during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys permit. Then p UKUSZEWICZ PASKAV 5. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CHART burial-tronsit CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthema, etc. It means the disease, injury or complication which coused deoth,) NO CARCINOMIA OF ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stating the UNIDERLYING CONDITION lost 22. I certify that (1) (this haspital) attended the deceased from 12-10that (1) (we) last saw the deceased alive on and that in (my) (out) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23 B. DATE SIGNED Attending ( THE (Type)

TO THE CREMATION, 124B.

REMOVAL (Specify)

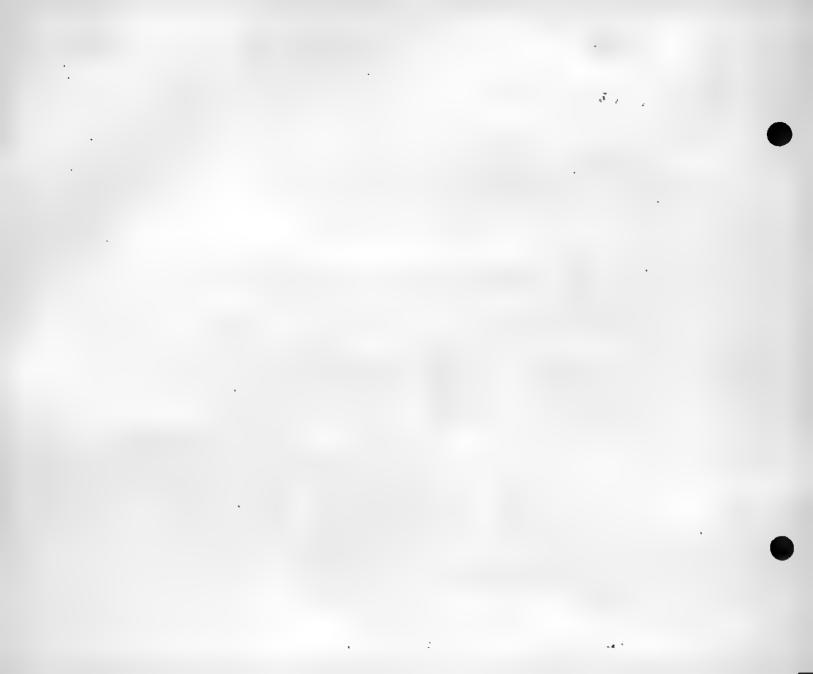
TO WISA 23C. PHYSICIAN'S 23D. ADDRESS 180/ FREDERICK R OF GEMETERY OF CREMATORY VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ord 2 The law requires that the death certificate be executed within 24 haurs after death attending-physician and campletely filled in by the funeral permit files. Pages I and permit files. Pages I and any event, within 72 haurs after deagan, or temoval, and in any event, within 72 haurs after deag 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o COUNTY o STATE b COUNTY BALTIMORE ANNE ARUNDEL MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) L DAYS RIVERTA BEACH FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 258 KENWOOD ROAD VETERANS ADMINISTRATION HOSPITAL NOXIX 3 NAME OF Last 4. DATE Month Yeor DECEASED (Type or print) JANUARY 28 67 LYNCH WILLIAM JOSEPH 19 DEATH 1 YEAR DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Dovs Hours WHITE SEPTEMBER 16.1919 MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
OFFICE WORKER COUNTRY? INDUSTRY CANADA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMADA PICARD JOSEPH LYNCH VA HOSPIPAL IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unknown) (If yes give wor or dates of service) FORT HOWARD, MARYLAND 005 07 83 39 CLINICAL RECORDS INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b) and (c).) **burial-transit** ONSEA THE DEATH PART I, DEATH WAS CAUSED BY: HEPATIC FAILURE IMMEDIATE CAUSE (o) signed by DHE TO YEARS Conditions, if ony, which gave LAENNEC'S CIRRHOSIS (b) rise to immediate couse (o). DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? DELIRIUM TREMENS NO A far 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dt. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work be retained by 21. I certify that (1) (this hospital) attended the deceased from JAN. 24, 19 67, to JAN. 28, 19 67, that (1) (we) last saw the deceased alive an JAN. 28, 19 67, and that death accurred at 125AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 1-28-67 director, page 3 shauld be filed w DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S PAULINO D. DEOCAMPO, M.D. VA HOSPITAL. FORT HOWARD. MARYLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION 23b. DATE THEREOF WOODLAWN, MARYLAND LORRAINE PARK CEMETERY 2Sb. REGISTRAR'S SIGNATURE LEONARD J. RUCK INC. ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 5305 HARFORD RD., BALTIMORE, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY after Sigian and completely filled in by the tease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate juinits, C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) 24 hours timor Days end d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO within 3. NAME OF Middle Last DATE Month Day DECEASED DF (Type or print) DEATH 19 executed OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [ limt birthday) Months ! Hours Days WIDOWED FC DIVORCED | 10b. KIND DF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during, most of working life, eyen if retired) 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY 661 removal, FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? en signed by the attend burial-transit permit. 16 SOCIAL SECURATY NO op unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gave rise to immediate as the DUE TO cause (a), stating the underlying cause last. 188 (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health PERFORMED? certificate the hospital or ND 🔽 YES T 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year I 20d, INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a 2.30 PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. MED. DIRECTOR M.D. HOSPITAL FUNERAL PHYSICIAN'S 22c. ADDRESS director, p NAME (Type) / COR 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) Buria. 1-18-67 Loudon 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 Wm. Cook-Brooks Towson, Towson, Md. VR AI5 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00345 00348 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b**#COUNTY within 72 haurs after MARYLAND signed by the attending physician and campletely filled in by the burial-transit permit. Then please remark carban papers. Pages b. CITY OR TOWN c. LENGTH OF STAY IN 16 **CITY OR TOWN** outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 50 papers. OR INSTITUTION (If not in haspital, give street address e 15 RESIDENC ON A FARMS YES NO T carban NAME OF Middle DATE OF DEATH DECEASED (Type or print) Ora S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remave Months lost birthdoy) Doys Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? please during most of working life, even if retired) **INDUSTRY** gug Housekee FATHER S NAME ar remaval INFORMAN (Yes, no, arunknown) (If yes give wor or dotes of service crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ONSET AND DEATH acciden PART I DEATH WAS CAUSED BY Wecks IMMEDIATE CAUSE to attending physician. DUE TO burial 75CUD Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health NO YES | this certificate be retained by the hospital or far 20n, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. While Nat While foctory, street, office bldg., etc.) of work of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from F. 6. saw the deceased alive an Jara : 19.6 and that death accurred at 4 D.M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. r, page 3 be filed 22c PHYSICIAN'S 22d. ADDRESS -33 NAME (Type) Dr. Newland E. Day director, p 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) **BURIAL, CREMATION** BREMOYAL (Specify) 1-27-67 Loudon Park Cemetery Baltimore, Maryland 2So. REC'D BY REGISTRAR 2Sb- REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1050 York Rd. Wm. Cook-Brooks Towson Inc.



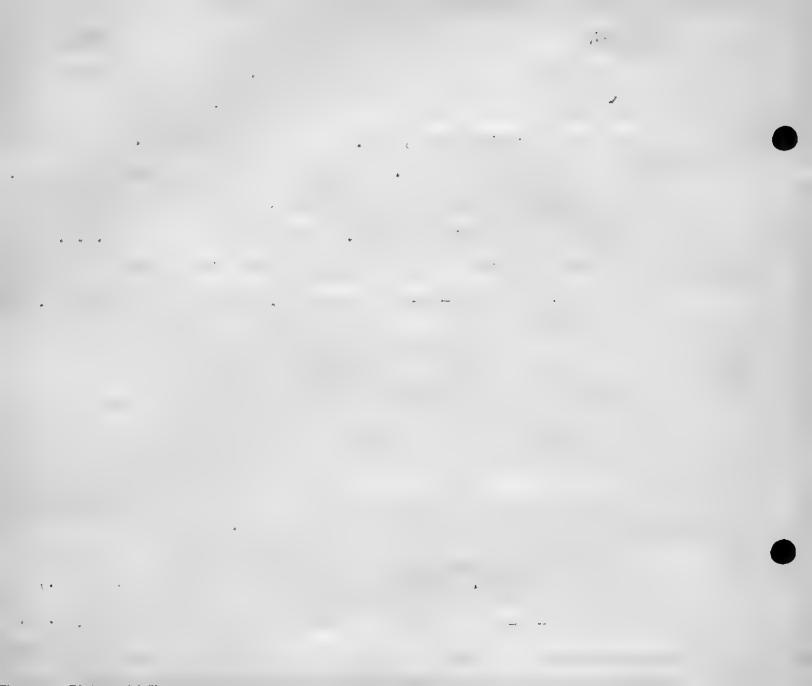
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AL D Pag e file		22c. PHYSICIAN'S		22d. ADDRESS	IRECTOR   PHTS.	
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Pag dire shore	238	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)				
7.0	24	FILEREL OTDECTOR	ADDRESS		D BY REGISTRAR   25b. R	EGISTRAR'S SIGNATURE
VR A15 (4)	W.	alter Brooks Bradley,	Inc. Dundalk	Md. DATE	FR T 1861	franco Je gon
	and completely remove carbon p in any event, withi	Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death the state of the	DIVISION OF STATISTICAL RESE.  00347  1. PLACE OF DEATH a. COUNTY  Baltimore  b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)  Dundalk  d. NAME OF HOSPITAL OR INSTITUTION (if not in h  6915 Dunmanway  3. NAME OF DECTASED  The DECTASED	DOJACO OF PEATH  a. COUNTY  I. PLACE OF DEATH  a. COUNTY  Baltimore  Baltimore  Baltimore  Baltimore  Baltimore  Baltimore  CERTIFICAT  I. PLACE OF DEATH  a. COUNTY  Baltimore  Baltimore  Baltimore  C. LENGTH OF STAY IN 1b  38 years  C. MARRIED  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. Undalk  C. LENGTH OF STAY IN 1b  38 years  COUNTY  C. LENGTH OF STAY IN 1b  38 years  COUNTY  D. LENGTH OF STAY IN 1b  ARTIN JOSEPH MALEY  S. SEX  C. COLOR OR RACE  T. MARRIED  D. NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  13. FATHER'S NAME  Wartin J. Maley, Sr.  15. WAS DECASED EVER IN U.S. ARMED FORCES?  NO  18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). IND  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MALEY  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OR CONTRIBUTING CAUSE (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING THE CAUSE (c)  PART II. CENTER TO THE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON OF 3477  CERTIFICATE OF DEATH  1. PLACE OF PATH  Balt 1 more  Balt 2 more  Balt 1 more	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO OCCURTING COMPANY  1. PLACE OF DEATH 2. COUNTY BALTIMOTE BA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE REALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o STATE Maryland b (OUNTY Baltimore BALTIMORE Townson a COUNTY d, death MARYLAND delay b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter Baltimore Departi TOUSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours 2807 Chesley Ave. Item 18. Give Pages 1, Office along with farm ate ио Х St. Joseph Hospital YES haurs after death. 3. NAME OF Middie 4 DATE Lost Month 3 Year DECEASED ine in Malinowski. 1 1967 TAura within (Type or print) DEATH 6 COLOR OR RACE 7 AGE (In years S. SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 78 Prithdoy) Months Days Hours Mar 22.1888 WIDOWED T DIVORCED event CM 100 USUAL OCCUPATION (G ve kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT durimpropat of workers life even if retired) INDUSTRY Poland COUNTRY? U.S.A. dny **Examiner's** pencel 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within Felicia Walter Swincinski IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ,⊆ 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) [If yes give wor or dates of service) s, writing the ward "pending" i farwarded to the Chief Medical Same Family 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Ы IMMEDIATE CAUSE (o) burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 ANAS AUTO PERFORMED? YES the certificate, NO 0 þę 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Hern 18.) priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF N.URY Month, Doy Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home form (City or town) (County) (Stote) Hour om. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge please execute at work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 7 Inquiry , and in my apinion death resulted from Suicide [ Undetermined manner Natural causes Accident Hamicide | be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY ro FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** O'Donnell, M.D. Charles F. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF 23d LOCAT ON (City or Town) (Stote) Md 112/67 Holy Cross AA Co BALLAS VA Specify) 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25o, REC'D BY REGISTRAR VR A15ME (5) McCully F N 237 Pataesce Ave 6M 1/66



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1	geve rise to imm (e), stelling the cause lest.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour e.s. p. 21. I cartify saw the dec	was underlying Due 1	(b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	HOW INJURY OCCURR OCCURRED 200. PUre fector While at work he deceased from 19	ED. (Enter natura of injunctions, straet, office bldg., death occurred at ATTENDING PHYS.	MINAL DISEASE  Try in Part I or Part  form. 20f. (City etc.)  19.6.6 to.  MED.  OTRECTOR	CONDITION GIVEN IN  II of itam 18.)  or lown)  The causes and  STAFF PHYS.	(County)  (County)  (County)
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WEDICAL	geve rise to imm (e), stelling the cause lest.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour e.I. P.I.  21.   cartify saw the dec 22e. SIGNAPUI  22c. PRYSICIAT NAME (T)  BURIAL, CREM REMOVAL (Spe	was underlying Due 1  HER SIGNIFICANT CON  WAS UNDERLYING DATE THE MEDICAL EXAMINE  MJURY Month, Day,  m. 19  That (I) (this hose eased alive on	(c) SIGNITIONS CONTRIBUTED TO SIGNITIONS CONTRIBUTED TO SIGNITIONS CONTRIBUTED TO SIGNITION CONTRIBUTED SIGNITION CONTRIBUTED TO SIGNITION CONTRIBUTED SIGNITION CON	HAW	ED. (Enter natura of injunctions), straet, office bidg.  death occurred at ATTENDING PHYS.  22d. ADDRESS 580  OR CREMATORY  Cometery	MINAL DISEASE  Try in Part I or Part  form. 20f. (City  etc.)  PM, from  MED.  DIRECTOR	CONDITION GIVEN IN  II of itam 18.)  or lown  The causes and  STAFF PHYS.  ATION (City, town or  Eastern	(County)  (Count



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY . 5 COUNTY 축건속 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN IN ata um Is write RURAL and give nearest town) write RURAL and give nearest town NAME OF HOSPITAL OR INSTITUTION (if not in a. IS RESIDENCE ON A FARM? YES NO K NAME OF DECEASED (Type or print) DEATH 196 16. COLOR OR RACE IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. rellord mil Rd. gr unkown) | (lfyas give war or datas of servica) allemore my 21 18. CAUSE OF DEATH [Entar only one cause per line for (a), [b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: Several user IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury in Part ( or Part II of Itam 18 ) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work (Ang. La. ..., 195 /., that (1) (1994) last saw the deceased alive on... 19.19.66, and that death occurred at 4.34M, from the causes and on the date stated above. 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b 23c. NAME OF CEMETERY OR CREMATORY (Slata) EMOVAL (Spacify) O ÷ å 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

PYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HI EARCH AND RECORDS, 301 W. PRESTON STRE	
00350	CERTIFICATE OF DEATH	90353
1. PLACE OF DEATH  o. COUNTY  RAITIMORE	MARYLAND O. STATE MARY	/here deceased lived, if institution: Residence before admission) b. COUNTY
FORT HOWARD	48 DAYS BAT	iside carparate limits, write RURAL and give nearest tawn)
	HOSPITAL 4809 ALTHE	A AVENUE    6   IS RESIDENCE ON A FARM? YES   NO   1
3. NAME OF First MATTHEW (Type or print)	L, MC CARPER	4. DATE OF DEATH Month 10/67 Day Year 19
WIDOWEG	DIVORCED   12/26/86	9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
during mast of working life, even if retired) ENERAL ENGINEER	NDUSTRY PENNSYLVA	NTA COUNTRY?
13. FATHER'S NAME  MATTHEW MC CARTER		AME LIZABETH CLARK
(Vac no acumbroun) (If was also was as dates of samura)		Address  NA HOSPITAL, FT HOWARD, MD.
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	or (a), (b), and (c).) DCARDIAL INFARCTION	RECENT DE WOLD
(b) CA	RCINOMA OF RECTUM	UNKNOWN
stating the underlying couse   DUE TO   last. (c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		AEZ WO L
20b. I OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
p.m. 17 grwc	e Not While factory, street, affice bldg., etc.)	- lander
21. I certify that (4) (this haspital) atters saw the deceased alive an 1/10	nded the deceased fram 11/23/00, 1 67_19, and that death accurred at	6:45 fram causes and an the date stated above.
Saul hay	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS. EX 1/10/67
NAME (Type) GEORGE C. MCEL	ALLICON, IN ST.	RT HOWARD, MARYLAND
23a. BURIAL, CREMATION, REPORT FACTOR 1/12/67	23c NAME OF CEMETERY OR CREMATORY LOUDEN PARK NATIONAL	23d. LOCATION (City or Town) (County) (State)  BALTIMORE, MARYIAND
24. FUNERAL DIRECTOR Leonard J. 5305	RUCK FUNERAL HOME  HARFORD ROAD BAIFFMORE.	BY REGISTRAR 25b. REGISTRAR'S SIGNATURE N 1 1 1967  Clearles Judge
	Division of STATISTICAL RESI  OC350  1. PLACE OF DEATH O. COUNTY BAILTIMORE  b CITY OR TOWN (IF quiside carparate imits, write RURAL and give nearest town) FORT HOWARD  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, VETERANS ADMINISTRATION)  3. NAME OF DECEASED (Type or print)  5. SEX MALE  10a USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  ENERAL ENGINEER  13. FATHER'S NAME  MATTHEW MC CARTER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown)  (If yes give wor or dates at service)  YES  18. CAUSE OF DEATH (Enter only one couse per line for part in mediate cause (o), stating the underlying couse  Canditions, if any, which gave rise to immediate cause (o), stating the underlying couse  OR CONTRIBUTING CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER)  20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER)  20a ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTR	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE  OC 356  CERTIFICATE OF DEATH  . COUNTY BAILTIMORE    MARYLAND   COUNTY BAILTIMORE   C. LENGTH OF STAY IN 1b   C. STATE   MARYLAND   MARYLAND

7,

12 1	Division of STA		E <b>PARTMENT OF HEALTH</b> 01 W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201
FOR STATE	00351		CERTIFICATE OF DEATH	00354
HEALTH DEPT.	1 PLACE OF DEATH 0. COUNTY OACTIVE	10-RP MARYLAND		6 COUNTY ALTO.
2, ond PM3. portme	b (ITY OR TOWN (1 autside carparate write RURAL and give piones) tawn of NAME OF HOSPITAL OR INSTITUTION	m.ts, C LENGTH OF STAY N 1b 3 4R5.  (If, not in hospital, give street address)	c CITY OR TOWN (If auts de carporote limits, w	vrite RJRAL and give nearest tawn)
th If ogges 1, form form	406 Fox C1	TAPEL DRIVE	YOL FOR CHANGE	L Deeve ON A FARM?  YES NO
> \	3 NAME OF DECEASED (Type or print)	Fourth We	CALL AND	Month Day Year  N N 3 1967  Veors   FUNDER   YEAR   IF UNDER 24 HRS
hours offer d Item 18. Give Office along v I ond 2 with the	5 SEX 6 COLOR OR RACE  10a. USUA, OCCUPATION (G ve kind of work)	WIDOWED DIVORCED		doy) Manths Days Haurs Min
× × ×	during most of working fe, even if ret red)	NOUSTRY OIL REALING		COUNTRY? S. A.
Exor Exor Sind	HENRY ERANT S WAS DECEASED EVER IN U.S. ARMED FOR		SUDIE CLAR	Address
be executed "pending" ir nief Medicol I ansit permit I	(Yes, no, grupknawn) (If yes give war ar de	234-10-7486	Les MARY E. McDANIE	2 2406 FOX CHAPEZ DR
id be exid "pen Chief M tronsit g	18 CAUSE OF DEATH (Enter on y on PART I DEATH WAS CAUSED BY IMMEDIATE CA	VINDOCATO DA	h INFARCTION	ONSET AND DEATH
certificate should be writing the word "p prwarded to the Chiel used os a buriol transburial, cremation, or	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	(b)		
certificate writing the srwarded to seed os a burial, cren	last	(c)	THE TIPM HALL DISSAFE CONDITION OF WITH HALL THE	I(a) 19 WAS AUTÖPSY
This certificate, writible forwar be used or to burial	A STION	N2 CONTRIBUTING TO DESTH BOT NOT KETATED TO	) THE TERM NAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
AMINER: The the certifica et a should be our files.  age 3 should b agent, prior to	PRIMARY OF OF CONTRIBUTING OF		(Enter nature of injury in Port I ar Part I af item	
EXAMINER ute the cer age 4 should your files. Page 3 should get a gent, per agent, per a	20c TIME OF INJURY Month, Day, Ye Haur a m.	or 20d INIJRY ÖCCURRED 20e PL While Nat While fa	.ACE OF NJURY (Home, form, 20f (City at to actory, street, office bldg , etc.)	awn) (County) (State)
		arge of the remains described above, h		Inquiry , and in my opinton
MEDICAL EX please execute it director Page retained for you be DRECTOR: Page its designated	death resulted from: No	atural causes Accident, Su	CHIEF MEDICAL EXAMINER	ned manner
	SIGNATURE EXAMINER'S LA 11 1 14	m A. PILLEBUR	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, John Mark)	22. DATE SIGNED
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health or	NAME (Type)  23a BUR AL, CREMATION, 23b DAT REMOVAL (Specify)	6- 1	R CREMATORY 23d LOCATION (CIT	ry or Town) (County) (State)
VR A15ME (5)	24. FUNERAL DIRECTOR	ADDRESS ADDRESS	250. RECD BY REGISTRAR	2Sb. REGISTRAR S SIGNATURE
6M 1/66	Wm. GOOK-BROO.	KS TOWSON 1050 YORK	196 212 04/ATE JAN 6 196	7 Charley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00352 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages I land in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b. COUNTY Prince George's Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 76 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write R IRAL and give nearest town) lyrllmth2ldvs College Park Catons ville d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SPRING STATE 7510 Wellesley Drive GROVE HOSPITAL NO [ NAME OF 4 DATE First Lost Month Doy Year DECEASED 19 67 Charles McDevitt January NIMROD DEATH IF LINDER 1 YEAR 8. DATE OF BIRTH 9 AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED last birthdoy) Dovs Hours Nov. 30, 1888 male white WIDOWED 11. 8IRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Chip U.S. accountant 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME MeDeviTT Charles A. Flora Whalen signed by the attending burial-transit permit. The 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or upknown) (If yes give wor or dates of service 705-05-4899 Records: STATE HOSPITAL SPRING GROVE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Acute heart failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NÛ Infected ulcers of buttocks 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20n ACCIDENT WAS JNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INITIRY Month. Dov. Year foctory, street, office bldg., etc.) Hour om O FUNERAL DIRECTOR: After 19.65-10 Jan. 3 , 19 67 that (10) (we) last 21. I certify that (1) (this hospital) attended the deceased from Jan. 12 Page 4 may be retained 167\_, and that death accurred at Z M, fram causes and an the date stated above. sow the deceased olive on Jan. 3 22b. DATE SIGNED 22o. SIGNATURE director, page 3 should be filed w 22d. ADDRESSSP RING 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore. Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY MEMORIAL PARK REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2Sb. VR A15 (4) 20 M 1/66



$\supset I(N)$	MARYLAND STATE DEPARTMENT OF HEALTH	
- m2-1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH 00356	ND
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence bef	
after y the figures after	Baltimore   Maryland   Maryland   Baltimore	
S TO E	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	earest town)
B .5 .9	Daniels  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS	RESIDENCE
fille pape	Guilford Guilford YES	N A FARM?
vithi reference	3. NAME OF First Middle Last 4. DATE Month Day DECEASED	Year
of A	ELIZABETH SUSAN MC DONALD DEATH Jan. 25.1967	19
certificate be executed within nding physician and completely. Then please remove carbon removal, and in any event, with	Remaile White wipower T propose T Tall 20 1006 last birthday) Months Days Hi	OUTS MIN.
ex in an in an	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS DR   11, BIRT HPLACE (County & State, or foreign country)   12, CITIZEN DF	WHAT
be be sician ease and i	during most of working life, even if retired) INDUSTRY Virginia COUNTRY?	
icate phy n pl val,	13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	
ertif In The	Ezrael Funk Amanda Whitmore	
it contract	15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)	
at the death certificate be ein.  d by the attending physician ransit permit. Then please cremation, or removal, and in	No 215-12-1030 Louis Mc Donald, P.O. Box 124, Daniels, Mc	
the oy the risit	DADY I DESTU WAS CAUSED BY	L BETWEEN
that the sician.	MMEDIATE CAUSE (a) CHROIRC HICKES	
hys signarii urii	Conditions, If any, which   DUE TO CONGRESTIVE HEAVET FAILURE 6	422
The law requires that to or attending physician. The has been signed bruse as the burial-transalth prior to burial, cre	gave rise to immediate cause (a), stating the underlying cause last.  (b) 2000 25 100 HE TO DUE TO ACCURATE DISEASE 10	78 4
ttend ttend has as prio	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WA	le alixopey
The lor a cate cate cate lealth	E CHRODIC PYELONERHIRITIS	AS AUTDPSY RFORMED? NO -
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirence of may be retained by the hospital or attending to FUNERAL DIRECTOR. After this cartificate has been director, page 3 should be detached for use as the bighould be filed with the State Dept. of Health prior to be	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
HYS the h this detaol	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, leading of the control of the	(State)
NG by the by the State	Hour a.m.  p.m.  19   While   Not While   Tactory, street, office blogs, etc.)	
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 10-23, 1957, to 1957, to 1957, that (I) can the deceased alive pr	
ATT retts	saw the deceased alive Dn 1967, and that death occurred at M, from the causes and on the date st	
OR ORR	M.D. ATTENDING MED. STAFF   1-26-6	7.
PITAL 4 may ERAL C Cor, pag 1 be filed	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
O HOSPITAL Page 4 may FUND FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREDF , 23c. NAME DF CEMETERY OR CREMATORY   23d. LOCATION (City. town or county)	(01-11-)
10 T P P P P P P P P P P P P P P P P P P	REMOVAL (Specify)	(State)
A.	Burial 1-28-1967 Good Shepherd Ellicott City, Md  24. FUNERAL DIRECTOR 1974 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	RE
VR A15 (4)	F.C. Higinbothom, Ellicott City, Ma DATE JAN 27 1967 Polyande 0	
20M 1/65	F.C. Higinbothom, Ellizott City, Ma   Date JAN 27 1967   Charles 9	udge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00354 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death Ethn and campletely filled in by the funeral fease remove carban papers. Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o STATE Md. b (OUNTY Baltimore Baltimore o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give negrest town) Towson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? NO L YES Chesapeake Manor Wellington Rd NAME OF 4. DATE Harold Middle Lost Yeor 67 Paul McEntee 19 Jan. DECEASED OF 19 (Type or print) DEATH 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 4-28-1897 IF UNDER 1 YEAR IF JNDER 24 HRS NEVER MARRIED lost bathdov) Μ. Cauc Months Dovs Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please Auditing B&O R.R.Co. Covington, Ky.

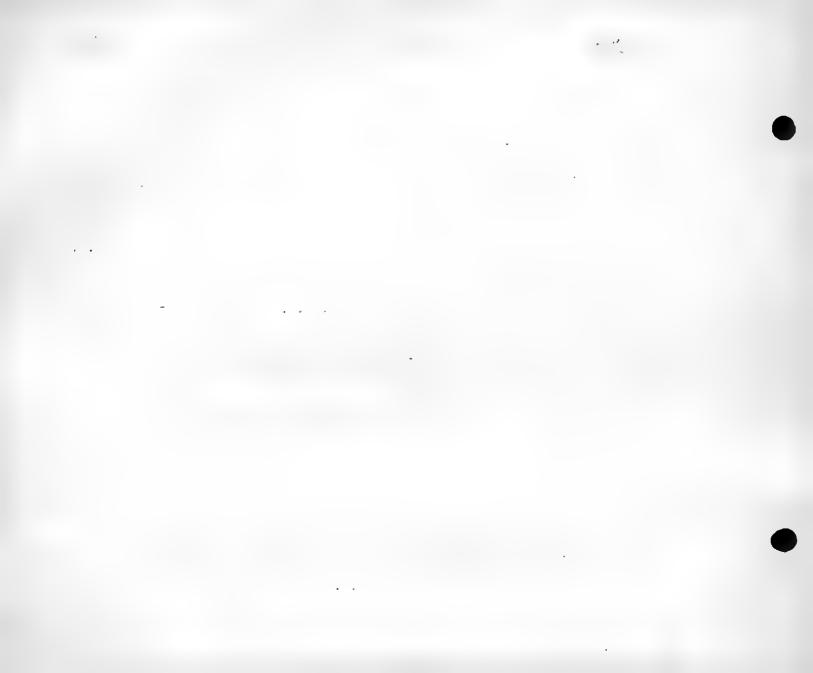
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME ar remayal. Ida Mae Martin James McEntee Dorothy McEntee, 904 Wellington Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO Unknown Baltimore Md 21212 cremation. IB. CAUSE OF DEATH (Enter only one couse per line burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (C\*y or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While at work ot work 19 (0. /that (1) (20) lost 21. I certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR: and that death occurred at M, from calses and on the date stated above. saw the deceased alive on, 22c SIGNATURE 22b MED. DIRECTOR STAFF M D director, page shauld be filed West Uni ersity Pkway, Balto 21218 22c PHYSICIAN S NAME (Type) William Fr. Fritz 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOF 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Woodlawn, Baltimore, Md. 1-23-67 Woodlawn 2 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 2Sb REGISTRAR S. SIGNATURE Charles VR A1 (4) 25M 1/67 1967 Wm. Cook-Brooks Towson, Towson, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Film (0.26 3/2)/57 Dc. 00355 CERTIFICATE OF executed within 24 haurs after death completely filled in by the funeral ove/corban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ь соинту Baltimore MARYLAND Cecil Co. b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) 2vrs8ms.5dvs Catonsville d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o IS RESIDENCE ON A FARM? 265 Mackall St. Spring Grove State Hospital YES NO Boringdale Nursing Home ANNA Middle 3 NAME OF Year DECEASED (Type or pont) Mollie DEATH McKenney Jan. IF UNDER 24 HRS. S SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdovi Dovs Hours DIVORCED Female 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? during most of working life leven if retired) INDUSTRY the attending physicion sit permit. Then please 14. MOTHER'S MAIDEN NAME FOMF HOUSEWIFE
13. FATHER'S NAME MARGAMET TONES E. DAUIS 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Records: Spring Grove State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p 20NSTAND BEATH Peritonitis, generalized IMMEDIATE CAUSE (o) DUE TO volulus 2 days Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse megacolon and fecal impaction 1 month lost. WAS ALTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES 🔼 NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) ot work L. of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 5-19-61 to 1-24-67 , 19\_\_\_, that QY (we) last . 19 be retoined saw the deceosed alive on 1-24-67 \_\_\_\_, and that deoth occurred at 2:20 M, from causes and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING 1-24-67 PHYS 22d. ADDRESS 22t. PHYSICIAN'S Spring Grove State Hospital NAME (Type) Young, M.D. Catonaville, Maryland 21228 director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b DATE THEREOF BURIAL CREMATION REMOVAL (Specify) NORTH EAST CECIL -26-67 NORTH EAST METH. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE STODATE



1		EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		CERTIFICATE OF DEATH 00359
HEALTH DEPT.  Page to Page Health of American and America	PLACE OF DEATH a CDUNTY Baltimore MARY_AND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland b (OUNTY Baltimore)
2, and 3 ta PM3. Page portment af after death.	b CTY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 16 wate RURAL and give nearest town)  Chesaco Park	Chesaco Park
ath. If any delay is ages 1, 2, and 3 to the farm PM3. Page State Deportment of the 2 hours after death.	d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) 351 Potomac Avenue	d STREET ADDRESS  351 Potomac Avenue  o is res dence  o is res
d within 24 hours after death. If in pencil in Item 18. Give Pages 1, Examiner's Office along with farm. The pages Land 2 with the State Death in any event within 72 hours	3 NAME OF DECEASED (Type of print) FREDERICK GUY MCMILLEN	lost 4. DATE Month Day Year OF January 7, 1967 19
ors affe ce alan 12 with	THE WITH THE PARTY OF THE PARTY	8 DATE DF BIRTH 4-19-1889  9 AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Manths Doys Hours Min.
thin 24 hours sucil in Item 11 miner's Office pages Land 2 v	10a uSUAL DCCUPAT DN (Give kind of wark dane during most of working life, even if retired)  Retired  NDUSTRY	11 BIRTHPLACE (State or foreign country)  12. CITIZEN DF WHAT CDUNTRY?  Kitzmiller, Maryland  U.S.A.
vithin sencil amine page	13. FATHER'S NAME  Elmer Elsworth McMillen	14 MOTHER'S MAIDEN NAME  Luella Milles
xecuted voiding" in Medical Experience of permitted to the contract of the con	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service). 236–18–5227 R	INFORMANT Address ev. C.W. Whalen, 351 Potomac Ave.
ate shauld be e the ward "per d ta the Chief I a byrial-transit crematian, ar re	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)  PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	more Occlusion INTERVAL BETWEEN DISET AND DEATH
This certificate, writing be forwarde be used as be used as r ta burial, o	PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY DCCURRED.	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED? YES NO  (Enter nature aftenium in Part 1 or Part 11 of Item 18.)
INER: ne certifi shauld files. 3 should	20c. TIME DF INJURY Manth, Day, Year 20d. INJURY DCCURRED 20e. PL	ICE DF INJURY (Hame, farm,   20f. (Criy or town) (Caunty) (State)
L EXAM cecute th Page 4 far yaur Nr.Page	Haur a.m. 19 While at wark at wark 21. I certify that I taak charge of the remains described abave, h	eld an Autapsy , Inspection , Inquiry , and in my apinion
MECTON I director. retained its disigni	_ / \	cide  , Hamicide  , Undetermined manner    CHIEF MEDICAL EXAMINER    M.D ASSISTANT MEDICAL EXAMINER    22. DATE SIGNED
TO DEPUTY necessary, the funeral 5 may be 1 TO FUNERAL Bealth ar i	EXAMINER'S Dr. Theodore C. Patterson, M.I	(Lines, till)
70 C	230 BURIA (REMATION, REMOVA (Specify) Burial 1-10-1967 Maplewood Ce	metery Elkins, West Virginia
VR A15ME (5) 6M 1/66	24. FUMERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 2122	9 DATE JAN 1967 REGISTANT SIGNALITY JUNGS



1 / 1		Division of CTATH		MARYLAND STATE				DE MARRY	4410 0100	0.1	
FOR STATE M	00357	DIVISION OF STATIS	tems i	ARCH AND RECORDS	384	CEDTIFICATE C	mh	KE, WAKTL	AND 2120	71 C O	
FOR STATE			MED	ICAL EXAMINE	C 7						
CALIN DEPI.	o. COUNTY					2 USUAL RESIDENCE ( g. STATE		ived, finstituti b (OUN		befare adm	iss on)
PM3 Page artment of fter death.		Baltimore N (if outside carparate limi		MARYLAN		Mar	yland	Pilm			V
the State Department of n 72 hours ofter death.	write RURAL	and give nearest town) Catonsville	15,	C LENGTH OF STAY N I	0	c CITY OR TOWN (If a		mits, write KUK	KAL and give	neorest town	1
offe		SPITAL OR INSTITUTION (IF I	nat in hospital, a	uve street address)		d. STREET ADDRESS	timore			e IS R	ESIDENCE
\$ 3/4		la Nursing H		,,,			E. 26th	Street	:		ESIDENCE A FARM?
2 P	3 NAME OF DECEASED		irst	Middle		Lost	4 DATE	Mant		Day	Year
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	Female	White		DIVORCED [		July 4, 188	51 8	35 yrs			
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d des	13. FATHER'S NAM					Marylar  14 MOTHER'S MAIDEN					
9	THINKS (IN)		rader			Lucretia		t Harri	is		
puo	IS WAS DECEASED	EVER NUS ARMED FORCES	7 16	SOCIAL SECURITY NO	17	NFORMANT		Addre	155		
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burial, cremation, or removel,	18 CAUSE OF	DEATH (Enter only one co								INTERVAL ONSET AN	
ō	PARIT	1 IMMEDIATE CAUSE		chopneumoni	a					UNSET AN	D DEATE
noi l	Conditions of	DUI ony, which gave )	E TO	+ Acres Desc	1	1					
	rise to immed	liate cause (a), (	E 10 (p) <u>VTRT</u>	t Acute Pye	Ton	ephritis.					
<u> </u>	last	nderlying couse	(c)								
3 /	PART II OTHE	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)		19 WAS A	TOPSY
<u>°</u> /	STIG									YES X	NO [
	200 EXTERNA PRIMARY OF DEAL	CONTRIBUTING	20b DE	SCRIBE HOW INJURY OCCUI	RRED (	Enter nature of injury in	Part I or Port II o	of item 18)			
:	CAUSE OF DEAT	H INJURY Manth, Day, Year	20d I	UURY OCCURRED 20	a D ac	E OF INJURY (Hame, form	n. 1 20f (Ci	ty or town)	(Cour	the)	(State)
5	20c T ME OF Hour	o.m. 19	While at warl	Not While	facto	ory, street, affice bldg., etc.	)	d a mill	100011	177	(Male)
pe eq	21. I cer	tify that I took charg		7.77	e hel	d on Autoosy 🔯	Inspection	Inqu	riry 🔲,	and in n	ny opinion
gnol		,	ol couses 🔀			de , Homicide		termined m		5114 11111	· j opinion
desi	ACTUAL	0/	(/-				EXAMINER			02.0	TE CIONED
Health or its designated agent, prior to	SIGNATURE_	Charle	- 3 10	15		_ m D.	CAL EXAMINER	<u>x</u> )			ATE SIGNED
0 7	EXAMINER'S NAME (Type)	Charles	S. Pet	ty .		DEPUTY MEDIC Address (Stree	AL EXAMINEK L	L Sunty)		1/15	/6/
leal .	23a. BURIAL, CREM	ATION, 23b. DATE TO	EREOF	23c NAME OF CEMETER		CREMATORY	23d LOCATI	ON (City or Tox		County)	(State)
- P	REMOVAL (SE		1967	Loudon P	ark	Ceme tery		imore,	Maryl	and	
5)	24 FUNERAL DIRE	CTOR		Ballo, ma	1.		AN I	1967 RE	GISTRAR'S SIG	WATURE YE	oge
	Who. F.	woner 2 by	ma )	with MP	6.0	CUTED DATE	1744 -		/	U	C/P



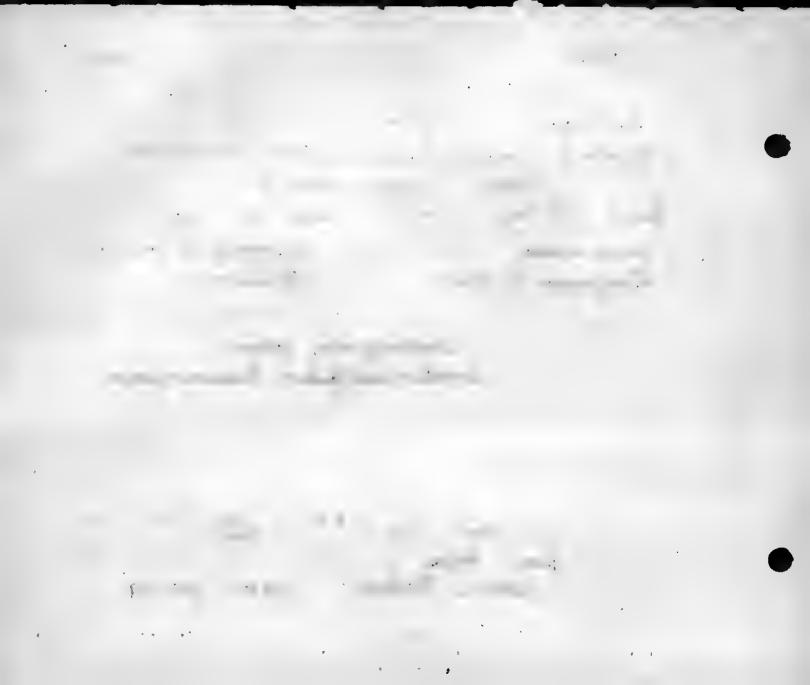
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00358 RTIFICATE OF DEATH 00361 executed within 24 haurs after death death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funera b. COUNTY BALTIMORE o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b CITY OR TDWN (If outside corparate limits, CLENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) papers. Pagr hin 72 haurs c DAYS ESSEX d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e 15 RESIDENCE ON A FARM? 1621 RICKENBACKER ROAD VETERANS ADMINISTRATION HOSPITAL Ę NO X 3 NAME OF 4 DATE Middle Month Dov Year Jemave carban HARRY JOHN DECEASED MELL JANUARY (Type or print) 67 DEATH 19 S. SEX 8. DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED iost birthdoy) Months Dovs Hours MALE WHITE JUNE 14, 1891 WIDOWED DIVORCED 10o USBAL OCCUPATION (Give kind of work done 10b KIND OF BLSINESS OR 12 CITIZEN OF WHAT 11. 8IRTHPLACE (County & State or foreign country) requires that the death certificate be during most of working life even if retired) INDUSTRY COUNTRY? FULTON COUNTY, PENNSYLVANIA II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal WILLIAM MELL WAS DECEASED EVER IN L S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 213 07 CLIN. REC., VET. ADM. HOSP., FT. HOJARD crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) signed by DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO WAS ALTDPSY PERFORMED? for use of Health OBSTRUCTIVE EMPHYSEMA NO X 200 ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Not While ot work of work 21. I certify that (M (this haspital) attended the deceased from JAN. 22 19.67, to JAN. 29, 19.67, that (IX(we) last shauld 1967, and that death accurred at 05 PM, fram causes and an the date stated above. saw the deceased alive on JAN. 29. 22b. DATE SIGNED 220 SIGNATURE ATTENDING 1 30 67 director, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c PHYSICIAN'S CNAME (Type) JOHN D. TALBERT. M. D. VET. ADM. HOSP. FT. HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23o. BURFAL, CREMATION, 23b. DATE THEREOF (County) (State) Feb. 1,1967 BALTIMORE NATIONAL CEMEDIALA BATITIMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ConnellADDRESuneral Home lianles 300 Mace Ave. 20 M 1/66 Baltimore 21. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00359 00362 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral love carban papers. Pages 1 and y event, within 72 haurs after deaft 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY Baltimore o COUNTY Baltimore MARYLAND b. CITY DR TDWN (If outside corporate limits, c LENGTH DE STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town Baltimore #34 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE d STREET ADDRESS 3108 DuBois Avenue 3108 DuBois Avenue YES T NO 🕱 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED EDITH January 13. 67. 0. MENDERE 19 (Type or print) DEATH IF UNDER 24 HRS S SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 7. MARRIED NEVER MARRIED lest birthday) Months Hours White Female Sept. 3, 1888. WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10a, USUAL DCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal Judith T. Murphy Joseph P. Sweglar 16 SOCIAL SECURITY NO. 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknown) (If yes give wor or dates of service Mr. Ernest L. Menefee. (Same) 216-01-0885B INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: signed by the burial-transit general, crematic ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar to l has been lost. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year Hour o.m. factory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 19 45, to , 19\_6.7 that (I) (we) lost 2], I certify that (1) (this hospital) attended the deceased from, be retained director, page 3 should should be filed with the 1967, and that death accurred at 3 th from causes and on the date stated above. sow the deceased olive on\_ 22b. DATE SIGNED 22o, SIGNATURE 22 DMD PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ANS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Moreland Memorial Cemetery Baltimore, Md. 1/18/67. 24. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto, Md. 21214



	1	MARYLAND STATE DEPARTMENT OF HEALTH	-
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH.  OG 363	
Mary or	funeral and 2 r death.	1. PLACE OF DEATH	missar
	after d the fu ges l a after d	BAITILLORS MARYLAND BAITILLORS BAITILLORS	
	rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	tow
	9 ii , ji	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  16. IS RESI	Bene
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	within 24 h pletely filled arbon papers tt, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year	NO [[
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	xecuted and com emove c any ever	See of the second of the secon	24 HR Min
	3 E35	153. USUAL OCCUPATION (GIVE kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT	
	- 300 E	House water own Home Baltures Co. Md Country Co.	
	certificate nuling physical Then plea	13. FATHER'S NAME	
	eath certiffi attending I srmit. Ther n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
	death ie atter permit.	(Yes, no, or unkown) (If yes give war or dates of service)  A. BOND MERRITT, 609 OVER BROOM	KR
	* # # # # # # # # # # # # # # # # # # #	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETT ONSET AND D	WEEN
	that the sician. gned by al-transi al, crem	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardio respiratory failure  ONSET AND D	
	es that ohysician signed l urial-tra urial, cr	conditions, if any, which) Congestive heart failure. Pulmman edema	
	requires the iding physic been signe the burial-to burial-or to burial-	gave rise to Immediate cause (a), stating the DUE TO	
	as as a	underlying cause last. (c)	ODOL
	N: The law rei tal or attendir tificate has be for use as th f Health prior i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUT   19. WAS AUT	UPST ED?
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	PHYSICIAN: the hospita this certif detached for bept. of h		
	y the	Hour e.m.   While - Not While   factory, street, officebidg., etc.)	ate)
	ENDING Ined by ined by Ould be ould be the State	21. I certify that (I) (this hospital) attended the deceased from 1-17, 19 67, to 1-26, 1967, that (I) (we	e) la
	ATTENDI retained CTOR: A should rith the	saw the deceased alive on 1-26- 1967, and that death occurred at 3331M, from the causes and on the date stated	abov
)	DIRE Sed y	22a. SIGNATURE  L. Rosue  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS. 726/196	_
	may be tal DIR	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	
	TO HOSPITAL Page 4 may O FUNERAL director, pa	JUNIO C. ROGOL BBMC, patro 4.	
	Par Par Finds	23a. BURIAL, CREMATION, 23b. DATE THERE F 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	te)
	Đ	Burial 1/30/1967 Oak Lawn  24. FUNERAL DIRECTOR  H.W. Jenkins & Sons Co. 4905 York Rd.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE	
	VR AI5 (4) 20M 1/65	H.W. Jenkins & Sons Co. 4905 York Rd.  Balto 12. Md.  DATE JAN 27 1967 Yellandes yung	Z,
	TO		



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral executed within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . COUNTY b. COUNTY 다 구 P death. Baltimore Laryland MARYLAND and b. CITY OR TOWN (.f outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 Owings Mills Baltimore filled yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? completely 344 East 23½ Street Rosewood State Hospital YES NO 3. NAME OF 4. DATE Middle Year DECEASED OF (Type or print) DEATH Gordon MICKENS 19 carbon 5. SEX and 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED TO last birthday) Months Hours death ceffificate Male WIDOWED [ DIVORCED physician Negro remoyé 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) U.S.A. Baltimore, Maryland Dependent none please <u>\_</u>⊆ attending y Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue Catherine Logan Charles Mickins removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ((fyas give war or dalas of sarvica) the Rosewood Records, Owings Hills, Laryland permit. physician. is. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ò ď NSET AND DEAT signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** altending **DUE TO** has been Conditions, if any, which gava risa to immediata causa **DUE TO** (a), stating the undarlying the hospital or After this certificate for use as the prior to b PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION PERFORMED YES X NO 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of item 18.) of Health OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 2Dd. INJURY OCCURRED [ 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (State) factory, streat, office bldg., atc.) Not While DIRECTOR at work at work 21. I certify that (i) (this hospital) attended the deceased from ARRA 25..., 1955, to Mark 19., 1962, that (i) (we) last may 22a. SIGNATURE 22b. DATE **ATTENDING** MED. SIGNED death. Page 4 O FUNERAL HOSPITAL with t DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, be filed v NAME (Type) Filed Harvey M. Solomon, M.D. ROSEWOOD 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Spacify) Owings Mills, Md. Rosewood Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) J. F. Eline & Sons Reisterstown, Md. 20M 5-63



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	
FOR STATE	06362 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH 00365
after deoth If Cry delay is 8. Give Pages 1, 2, and 3 ta dlong with farm PM3. Page With the State Department of John P. J.	a. COUNTY Baltimore  b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Towson  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STATE  Maryland  Maryland  C. CITY OR TOWN (if autside  Tows  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STATE  Maryland  Tows  d. STATE  Maryland  d. CITY OR TOWN (if autside  C. CITY OR TOWN	se corporate amits, write RURAL and give nearest town)
24 haurs in Item I er's Office jes Iand2 affer death	3 NAME OF DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 1 B DATE OF B RTH Male White WIDOWED DIVORCED June 20,1897  100 USUA, OCCUPATION (Give kind of work done during most of working fe, eyen if retired) INDUSTRY	DATE Month Doy Year  OF Jan 10 1967  19 AGE (In years Funder 17 FAR FUNDER 24 HRS Months Doys Hours Min.  Foreign country) 12 (IT ZEN OF WHAT COUNTRY?  1 timore, Md. U.S.A.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the ward "pending" in pencil the funeral director. Page 4 should be farwarded to the Chief Medical segments may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page Health priar to burial, cremation, ar removal, and in any event within 72 hours of the second secon	Edward J. Miller Sr. Marion (no. 15 Was DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) WW-1  18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (e)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)  Marion (no. 17) Informant  Edw. J. Miller  Edw. J. Miller  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	204 Brachenwood Court Lutherville, Md. 21093  Taclesse Sidden  Lower Sidden  Lower Sidden  Lower Sidden  Lower Sidden  Lower Sidden
	death resulted fram Natural causes Accident , Suic de , Hamicide CHIEF MEDICAL EX SIGNATURE	PERFORMED?   YES NO   NO   NO   NO   NO   NO   NO   NO
VR A15ME (5) W	Wm. Cook-Brooks Towson 1050mYork Road Towson, Maryland 21264 DAIJAN	





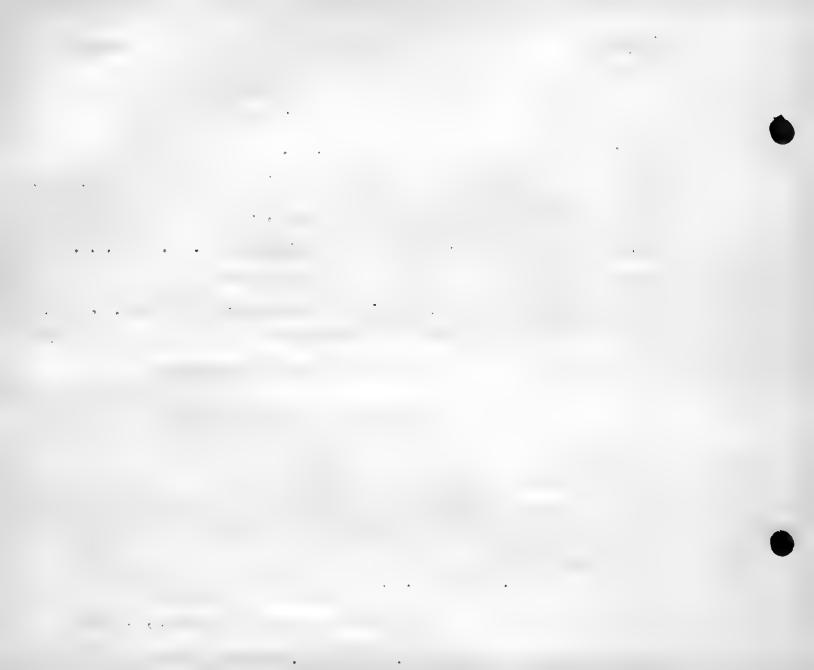
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00364 CERTIFICATE OF DEATH digath. requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND C. LENGTH DE STAY IN 16 b. CITY DR TDWN (f outside corporate limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) haurs 61 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and campletely filled in and in any event, within 72 266L FLORA STREET VETERANS ADMINISTRATION HOSPITAL NO X 3. NAME OF Fifst Middle L051 4. DATE Month Year Doy DECEASED OF 1967 W MILLS JANUARY 8 FRANCIS (Type or print) DEATH YEAR AGE (In years JF UNDER IF UNDER 24 HRS S SEX 6 CDLOR OR RACE 7 MARRIED T DATE OF BIRTH **NEVER MARRIED** tost h rthdoy) Months Days Hours 8-9-24 NEGRO WIDOWED MALE DIVDRCED 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) U.S.A. phytigan ( INDUSTRY BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya Luvenia Davis GEORGE MILLS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 217 12 81 70CLINICAL RECORDS, VAH. FT. HOWARD. MARYLAND cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY. CARCTNOMA signed by the burial-transit p CARCINOMA OF ESOPHAGUS WITH INVASION OF MEDIASTINDMET AND WEND WITH INVASION OF MEDIASTINDMET AND REPORT OF MEDIASTINDMET. IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been lost WAS AUTO PSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use of Health YES X NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 2De, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY DCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21 I certify that (this hospital) attended the deceased from 11/3/66 19\_\_\_\_, that (\$ (we) last ed with the 6:45 M fram causes and an the date stated above. and that death accurred at saw the deceased alive on 22b. DATE SIGNED 1/9/67 220-SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. directar, page 3 shauld be filed v PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) MILITON GINSBERG. M. D. VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 1-12-67 BALTIMORE NATIONAL BALTIMORE, MARYLAND 25b. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 1735 HARTFORD AVE. BALTIMORE, MARYLAN JONES VR A15 (4) 20 M 1/66 Mingles IAN DATE MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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1 /		D	ivision of STATISI		MARYLAND STATE DEI NRCH AND RECORDS, 301		TEALTH REET, BALTIMORE, MARYLA	ND 21201	
be retained by the hospital or ottending physicion.  NRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral  8 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Pages I and 2  8 should be detached for use os the buriol, tremation, or remove, and in any event, within 72 hours after deafth.	00	365			CERTIFICATE	OF DEATH	1	00368	
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neg please re	during ma PAT 13 FATHI WIL	Stafwarking I. NTER RS NAME L MITC		CC	ND OF BESINESS OR DUSTRY  NTRACTING			12 CITIZEN OF WH. COUNTRY?	AT
offending permit T			IN US ARMED FORCES? If yes a ve war or dates a WW II  ATH (Enter on y one cau		32 26 74 80 CI	INICAL REC	VA HOSPIT ORDS FORT HOWA	RD, MARYLA	ND L BETWEEN
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending the sician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. They blease remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remove, and in any event, within 72 hours after dealth.	Cand nse t statir last.	PART 1. DEATI Hans, if any, a immediate g the under	H WAS CAUSED BY.  IMMEDIATE CAUSE  DUE  which gave  cause (a),  ying cause	(a) I TO (b) A TO (c)	NFARCTION OF METERIOSCLEROTION OF METERIOSCLEROTION OF METERIOSCLEROTION OF RELATED TO 1	C CORONARY		RECENT	
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Z) A 1		IAL, CREMATIO OVAL (Specify) RIAL ERAL DIRECTOR		-67	23c. NAME OF CEMETERY OR CE	NATIONAL	23d. LOCATION (City or Tow BALTTMORE ) "D BY REGISTRAR 25b REG	MARYLAND	(State)
/R A15 (4)					257 S. Conkli		1 1967	Charles Ju	age.

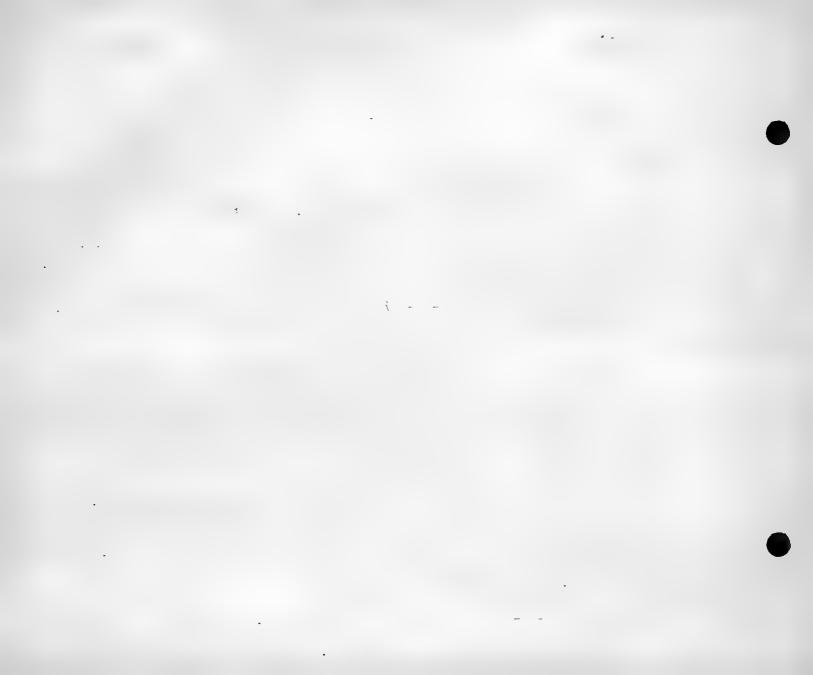


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. CDUNTY b. COUNTY Baltimore arvland Ealtimore hours after MARYLAND c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b emove carbon papers. Pag any event, within 72 hours Dundalk 21222 vears Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DN A FARM? School Avenue 7433 School Avenue YES NO IX etely DATE 3. NAME DE Middle DECEASED DEATH (Type or print) HOMER ANDERSON MOORE January AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days F UNDER 24 HRS 5. SEX 6. COLOR DR RACE | 7. MARRIED TH NEVER MARRIED 8. DATE OF BIRTH June white male WIDDWED | DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) industry 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT certificate be Baltimore.Maryland Steel USA Foreman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Hitchcock Joel J. Moore been signed by the attend the burial-transit permit. or to burial, cremation, or re 16. SDCIAL SECURITY ND. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? death (Yes, no, or unkown) (If yes give war or dates of service) Helen Pasek Moore, same as yes INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] DISET AND DEATH PART I. DEATH WAS CAUSED BY: (PRIMARY UNCERTAIN) the hospital or attending physician. IMMEDIATE CAUSE (a) MOS DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 50 PART II. DYHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTDPSY CERTIFICATION PERFORMED? stached for use Dept. of Health certificate ND 5 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Dep (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bidg., etc.) Hour a.m. at work 1966 to /-3/ 1967, that (1) (we) last 21. I certify that (I) (this heapital) attended the deceased from 11-9 1967, and that death occurred at 2 P.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, p should be NAME (Type) Carlton L. Sexton, MD. Park Avenue. Baltimore.Md 23d. LDCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Druid Ridge Cemetery Baltimore, Maryland Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Bradley, Inc., Dundalk, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00367 CERTIFICATE OF DEATH ertificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Baltimore o. STATE Maryland o. COUNTY Baltimore MARYLAND ician and campletely filled in by the fu lease remave carban papers. Pages I and in any event, within 72 haurs after b CITY OR TOWN (if outside carparate limits, write RURAL and give necrest town)

Towson C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 5 mths. Cockevsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Armacost Nursing Home Holly Hill Farm 21030 YES TO NO F NAME OF Manth Middle Lest DATE Day Year DECEASED MARY MORGAN January 17 19 67 (Type or print) DEATH IF UNDER 1 YEAR | TIF UNDER 24 HRS 6. COLOR OR RACE AGE (In years 8. DATE OF BIRTH 7 MARRIED K NEVER MARRIED last birthdov) Months Days Haues Female White 82 WIDOWED DIVORCED Sept. 2. -10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 32 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Baltimore 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval George Goebel Marie Hotz 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 219-12-6874 Armacost Nursing Home Regester Ave. IB CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p burial, aremati PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO A.SC.V. DISERSE. Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause ue aerached far use as the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND FION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? MELLITUS NO 200 ACCIDENT WAS JNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) (State) Haur a.m factory, street, office bldg. etc.) Not Whee at work 21. I certify that (I) (this hespital) attended the deceased fram \$\int 77.17.1967, that (I) (we) last saw the deceased alive on 1 AN. 17.1967, and that death accurred at 36 M, from causes and an the date stated above. O FUNERAL DIRECTOR: 22a SIGNATURE STAFF director, page 3 shauld be filed w MLD 22d. ADDRESS 1537/ARVENUILOD PD 22c. PHYSICIAN S NAME (Type)Dr. Arthur Karfgin Northwood Shopping Center 23b DATE THEREOF 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Bur La I (Specify) 1-17-67 Baltimore National Cem. Baltimore Maryland 25g. REC'D BY REGISTRAR 25b REGISTRAR'S, SIGNATURE 24 FUNERAL DIRECTOR Minneley 1967 Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE



_	00307	CERTIFICATE	OF DEATH	00371
1	. PLACE OF DEATH			re decessed lived, If institution, Residence before edm
	Baltimore	MARYLAND	n. STATE Md	b. COUNTY Baltimore
_	b. CITY OR TOWN (if outside corporate write RURAL end give neerest town)	limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside	corporate limits, write RURAL end give neerest lown)
	Towson	7yrs	Towson	
	d. NAME OF HOSPITAL OR INSTITUTIO		d. STREET ADDRESS	a. IS RESID
	Stella Maris	Hospice	714 Stevenson	
-	B. NAME OF DECEASED	irst Middle	Last 4. DA	TE Month Day Year
	(Type or print) Anna M	.Morris		ATH 1/28/67 19
2	5. SEX 6. COLOR OR RA	CE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24
	F   W	WIDOWED DIVORCED	7/25/1877	89 yrs. Months Days Hours
1	Oa. USUAL OCCUPATION (Give kind of videne during most of working life, even if re	vork 10b. KIND OF BUSINESS OR INDUSTR		o, or foreign country) 12. CITIZEN OF WHAT COU
	HSWF		Baltimore, M	d USA
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Nicholas	Cornelius Ganster	Sarah Bullar	d
1	5. WAS DECEASED EVER IN U.S. ARMED   Yes, no, or unknown)   (ffyesgive werordates	ORCES?   16. SOCIAL SECURITY NO.   17. I		Address
	N•	216-09-5413	Hospice Records	
	18. CAUSE OF DEATH [Enter only			INTERVAL BETWI
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	1. arterioclartic	andwar soul	an Disease Unsi
	4221 DUE			
			THE STREET STREET STREET	7
	Conditions, if any, which gave rise to immediate cause	TO (b)		
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20	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	TO (b) TO (c)		ASE CONDITION GIVEN IN PART 1(e), 19. WAS AUT
NOTA!	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	TO (b) TO (c)		ASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT
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	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN Pure Land Color of the C	TO (b) TO (c) NDITIONS CONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY OCCURRED (ER)  Year 20d. INJURY OCCURRED 20e. PLA: While Not Whi.e et work at work at work feeld	T RELATED TO THE TERMINAL DISE  D. (Enter nature of injury in Pert 1 or  CE OF INJURY (Home, ferm, 20f.  Dry, street, office bidg., etc.)	ASE CONDITION GIVEN IN PART 1(e) 19, WAS AUT PERFORM YES NOT NOT (County) (SI  10 jan 28 jan 28 jan 267 19, that (I) (w
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN Pure Land Color of the C	TO (b) TO (c) NDITIONS CONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY OCCURRED (ER)  Year 20d. INJURY OCCURRED 20e. PLA: While Not Whi.e et work at work at work feeld	T RELATED TO THE TERMINAL DISE  D. (Enter nature of injury in Pert I or  CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)  May 8, 1,959, 19,  death occurred at 5; 109	ASE CONDITION GIVEN IN PART I(e) 19. WAS AUT PERFORM YES NOT NOT PERFORM YES NOT
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR CONTRIBUTING CAUSE OF DEATHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Dey, Hour a.m. p.m.  1.   certify that (I) (this how saw the deceased alive on ]	TO (b) TO (c) NDITIONS CONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY OCCURRED (ER)  Year 20d. INJURY OCCURRED 20e. PLA: While Not Whi.e et work at work at work feeld	D. (Enter nature of injury in Pert I or CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)  May 8, 1959, 19, death occurred at 5110P	ASE CONDITION GIVEN IN PART I(e) 19, WAS AUT PERFORM YES NOT NOT PERFORM YES NOT
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMIN LOC. TIME OF INJURY Month, Day, Hour a.m.  p.m.  1.   certify that (I) (this house when deceased alive on 1. 22e. BIGHATURE	TO (b) TO (c) NDITIONS CONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED 20e. PLA White Not White et work at work feele spital) attended the deceased from.]  126.67	D. (Enter nature of injury in Pert I or CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)  May 8, 1959, 19, death occurred at 5110P	ASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT PERFORM YES NO  (City or town) (County) (Statement of the causes and on the date stated a 22b. (STAFF
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN Hour a.m.  20c. TIME OF INJURY Month, Day, Hour a.m.  21. I certify that (I) (this house with the deceased alive on 1. 22c. BIGHATURE	TO (b) TO (c) NDITIONS CONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED 20e. PLA White Not White et work at work feele spital) attended the deceased from.]  126.67	D. (Enter nature of injury in Port I or CE OF INJURY (Home, form, 20f. ory, street, office bidg., etc.)  May 8, 1959, 19,  death occurred at 5:100  ATTENDING MED. PHYS. DIRECTOR	ASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT PERFORM YES NO  (City or town) (County) (State of the causes and on the date stated a state of the causes and on the date state of the causes and on the causes and on the date state of the causes and on the causes are caused the causes and on the causes are caused the causes and on the causes are caused the caus
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MEDICAL	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT COLOR OF CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN p.m.  20c. TIME OF INJURY Month, Dey, Hour a.m. p.m.  21. I certify that (I) (this hose we have deceased alive on 1.  22c. PHYSICIAN'S MAME (Type)  Frank  23c. BURIAL, CREMATION, 23b. DATE 1.  REMOVAL (Specify)	TO  (b)  TO  (c)  NDITIONS CONTRIBUTING TO DEATH BUT NO  THE 20b. DESCRIBE HOW INJURY OCCURRED  Year 20d. INJURY OCCURRED 20e. PLA- White Not White et work at work feele spital) attended the deceased from. 1  A.26/67	D. (Enter nature of injury in Pert I or CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)  May 8, 1959, 19, death occurred at 5:1MP  ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS  Medical Ar  DR CREMATORY 23d.  R. Cometery Bar	ASE CONDITION GIVEN IN PART (e) 19. WAS AUT PERFORM YES NO  (City or town) (County) (She from the causes and on the date stated a 22b. (STAFF PHYS. 1/2/8/67)  ts Bldg. Baltimore (County) (She be altimore) (She be altimore) (She be altimore)
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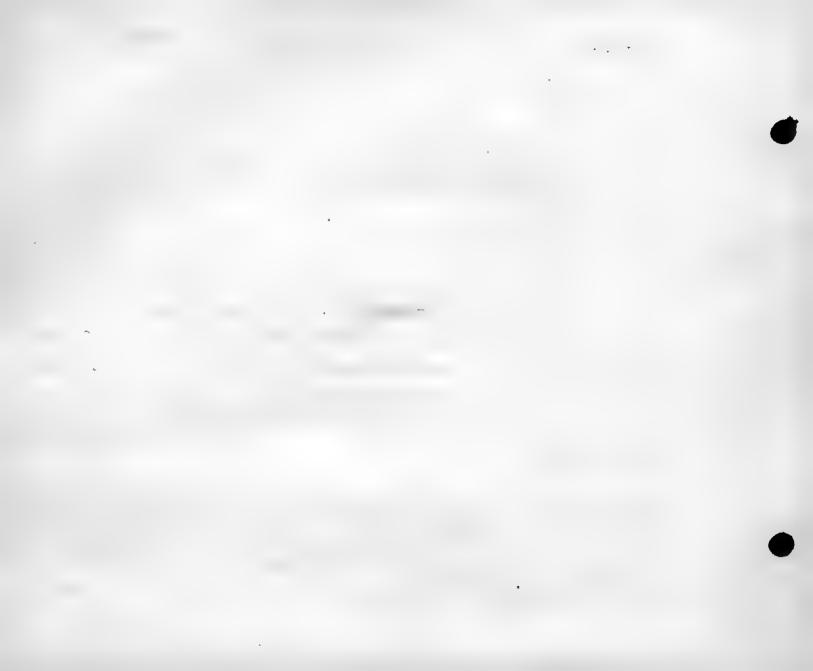
3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
본 등으로	08369 CERTIFICATE OF DEATH 00372
after death.  y the funeral ages 1, and 2 s'after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
after y the f	Baltimore MARYLAND Virginia Green
the transfer of	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
40 40 20 21	Dundalk 2 Weeks Quinque
ed i be	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS [e. IS RESIDENC
	7915 St. Monica Drive Rural ON A FARM? YES X NO
executed within and completely i remove carbon p i any event, withi	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
d w car ent,	(Type or print) Lizzie E. Morris   DEATH January 26 1967
col col	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR.
any	remate   white   widowed   Divorced   L2/20/93   (3 vrs.   )
9 E 9 E	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
e be e sician fease r and in	Housewife Virginia U. S. A.
icate physi n* pře val, al	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
aw requires that the death certificate be executed within trending physician. has been signed by the attending physician and completely as the burial-transit permit. Then-please remove carbon prior to burial, cremation, or removal, and in any event, with	William Morris Nellie Turner
95 jg e	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANCE   20. 3 and 3 a
ath atter	(Yes, no, or unkown) (If yes give war or dates of service) None  N
at the dear ian. d by the a ransit per cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1
requires that the oding physician. been signed by the the burial-transit por to burial, cremating the control of the burial, cremating the control of the burial of the bu	ONSET AND DEATH
crart.	PART I. DEATH WAS CAUSED BY:  Uremic Coma  5 days
law requires that the attending physician, has been signed be as the burial-tranth prior to burial, cre	Conditions to any which is
erit s and a series	Conditions, if any, which gave rise to immediate (b) Chronic Pyolonophritis 1 yr.
ding ding bee	cause (a), stating the DUE TO
faw itten has as prio	underlying cause last. (c) Diabetes Mellitis 3
The for at or at use use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Fica S	Pneumonia 3 days YES NO X
PHYSICIAN: The la the hospital or att this certificate h detached for use a Dept. of Health p	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?  PROLITION 3 dys   19. WAS AUTOPSY PERFORMED?  YES   NO X    202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  GR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
he he he this this letach	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
NG by fter be Stat	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Port While at work at work at work 19 at
ATTENDING retained by CTOR: Afte should be vith the Sta	21. I certify that (I) (this hospital) attended the deceased from November, 19 63 to Jan 25, 19 67, that (I) (we) las
A ATTENI E retaine RECTOR: 3 shouls with the	saw the deceased alive on 1-25- 19.67, and that death occurred at6:30, from the causes and on the date stated above
	228. SIGNATURE 22b. DATE SIGNED
]	Charle C Tayon M.D. ATTENDING MED. STAFF 1/26/67
may may RAL I	22c. PHYSICIAN'S NAME (Type) Charles E. Thompson M.D. 2903 W. Woodwell Rd. Dundalk. Md.
DSP1	Manual (1998) Charles E. Thompson M.D. 2903 W. Woodwell Rd. Dundalk, Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1 11	Burial 1/29/67 Ruckersville Cemetery Ruckersville, Virginia
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	John J. Duda, 7922 Wise Ave. Dundalk, Md. DATE JAN 27 1967 Acharles Judge

73/

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Bal+i Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b E. CITY OR TOWN (II outside comporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) .5 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? 5172 Viaduct Avenue 5172 Viaduct Avenue YES NO completel 3. NAME OF Month Middle DATE DECEASED OF (Type or print) Daisv S. DEATH Moszner 1967 January 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Fama le WIDOWED IT DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tile, even il retired) Housewife Mar, land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kenode Virginia 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unknwn) | (Il yes give war or dates of service) None Larner Brown CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and ic INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** MXXII Conditions, il env. which gave rise to immadiata cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, Jerm, 20J. (City or lown) (County) (Stata) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 1962. 10. 21. I certify that (I) (this hospital) attended the deceased from.... and that death occurred at 9 13 M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22». SIGNATUR ATTENDING MED SIGNED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS PUNERA director, 1 be filed v NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City, Jown or county) (State) 23a, BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 0 Woodla.n. Buria 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00374 00371 CERTIFICATE OF DEATH 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland ease remove carban papers. Pages I and in any event, within 72 haurs after b. CITY DR TDWN (If outside carporate limits, c. LENGTH DE STAY IN 16 c City OR TDWN (If outside corporate limits, write RURAL and give negrest town) write RuRAL and a ve nearest town) Days Fort Howard Baltimore d STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in d NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Administration Hospital YES NO W 1021 Vanderwood Road be executed within 3 NAME OF Middle 4. DATE Lost Month Day Year DECEASED 19 67 JANUARY 20 (Type ar print) RAYMOND DEATH JOSEPH MULDOWNEY IF UNDER 1 YEAR S. SEX 9 AGE ( n years JE UNDER 24 HRS 6 COLDR DR RACE 7 MARRIED XX DATE OF BIRTH NEVER MARRIED 68st birthdoy) Dovs Haurs 9/20/98 Male White DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY U.S.A. during most of working te, even if retired) please INDUSTRY Philadelphia, Pa. Marine Engineer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, the attending pays Andrew Muldownev Nellie Driscoll 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address The law requires that the death (Yes, na, or unknown) (If yes give wor or dates of service) signed by the attendii burial-transit permit. 169-18-0036 Clin. Rec. VA Hospital. Fort Howard. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY 211SHAMPSH Cardio Respiratory Failure IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital or attending physician. DUE TO signed I Years Decubitus Ulcers Canditians, if any which gove rise to immediate cause (a), DUE TO stating the underlying cause for use as the t f Health priar ta b Years O FUNERAL DIRECTOR: After this certificate has been Multiple Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES 🔲 NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE DF INJURY (Hame, farm, (State) 20rl. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Dov. Year factory, street, office bldg, etc.) Haur o.m. Nat While OR ATTENDING at work 11/8/ 19 66 , ta 1/20/ 19.67, thopQ\$ (we) last 21. I certify that (1) (this haspital) attended the deceased from. and that death accurred at 8: OORM from couses and on the date stated above sow the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** 1/21/67 DIRECTOR PHYS. director, page 3 should be filed v PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) MADHAV D. BARHANPURKAR VA HOSPITAL, FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 230 BURIAL, CREMATION, REMOVAL (Specify)
Burial 1/24/1967 Holy Sepulchra North & Pennsylvania Ave. 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wm.J. Tickner & Sons, Inc. Baltimore, Maryland



1	1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY
	Baltimore  Maryland  Maryland  Baltimor  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
	Towson
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS R ON
	103 La Paix Lane
- 13	3. NAME OF First Middle lest 4. DATE Month Day You
i	DECEASED (Type or print) Elizabeth G Murphy DEATH January 6, 190
-	5. SEX   6 COLOR OR RACE 7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR) IF UNDER
ı	Female White Widowed Divorced May 22, 1883 83 yrs.
-	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (County & Stale or lors on country)   12. CITIZEN OF WHAT (
	done during most of working life, even if retired)
-  -	Homemaker   Baltimore, Maryland   U. S. A.
	13. FATHER'S NAME
_	Hammond Myra Grey
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) [(Ifyesgive were orderes of service)]
	Mr. F. W. Bonhage 103 La Paix Lane Tow
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  INTERVAL BE ONSET AND
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	DUE TO
	$\Lambda = \{ \{ \{ \{ \{ \} \} \} \} \}$
	ge ve rise to immediate cause
	(a), stating the underlying DUE TO
	CAUGA IOST. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS A
2	Q PERFC
	206 ACCIDENT WAS UNDERLYING \$\Boxed{\omega}\$ 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Pert II of Item 18 )  OR CONTRIBUTING \$\Boxed{\omega}\$ CAUSE OF DEATH  OF CONTRIBUTING \$\Boxed{\omega}\$ CAUSE OF DEATH
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)  Hour a.m. While Not While fectory, street, office bldg., etc.)  p.m. 19 at work towns
	Hour a.m. While Not While p.m. 19 at work of work
	21. I certify that (I) (this hospital) attended the deceased from 9/19
	saw the deceased alive on
	228. SIGNATURE
	ATTENDING DIRECTOR PHYS. D
	22c, PHYSICIAN'S
	NAME (Type) / PRIMANIK FREEMONTR 111/10 Q G total
1	22. RUBLAL CREMATION 23h DATE THEREOF 123c NAME OF CEMETERY OR CREMATORY 123d, LOCATION (City, town or county)
	236. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
	Burial 1/9/67 _ Druid Ridge _ Pikesville Md. Balto C
00	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  258 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE  No. 1 Teachers Admin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Bel Air Memorial

Stella Wachsler, M.D.

23b. DATE THEREOF

1-9-1967

JOHN J. DUDA. Dundalk, Maryland 21222

Spring Grove State Hospital

Belair: Maryland

1967

2Sb REGISTRAR'S, SIGNATURE

Contry

(Stote)

Catonsville, Maryland 21228

2Sq. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

signed by the attending-physician and completely filled in by the funeral butial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, at temov. 4, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. as the prior take O FUNERAL DIRECTOR: After this certificate has been ed far use of Health p 3 should be detache with the State Dept. director, page 3 shauld be filed v

MEDICAL CERTIFICATION

22c PHYSICIAN'S

23a BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMONAL (Specify)

NAME (Type)

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

CV

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00374 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon agass. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY **b.** COLINTY after J MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEN KSS EX papers. hin 72 hc d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS EDEEWATER 3 NO 🔼 NAME OF DECEASED DATE Day 29 1967 TAN DEATH (Type or print) MUTH 9. AGE (In years S. SEX 8 DATE OF BIRTH SE UNDER 1 YEAR THE UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED birthdov) Dovs 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 19b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDESTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 2.19-16-5351 ELIZABETH 35 TERRAC INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CAR DIAL DECOMPENSATION ARTERIO SCLEROTIC HEART Conditions, if ony, which gove rise to immediate couse (o). stoting the underlying couse O FUNIRAL DIRECTOR: After this certificate has been the DISEASE 14 4125 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO <u>jo</u> 20o, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year factory, street, affice blda, etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased from APR. 12, 1952, ta JAN 29, 1967, that (I) (we) last saw the deceased alive an UANIZ 8 1967, and that death accurred at 730A M, from causes and an the date stated above. 22b. DATE SIGNED 22o, SIGNATURE ATTENDING 1/30/67 director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS TO HOSPITAL 22c. PHYSICIAN'S 108 S. THYLOR ESEX MOZIZZI NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) BALTO. HOLY REDEEMER MD 250. REC'D BY REGISTRAR JAN 31 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 300 MACE J.B. CONNELLI



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00375 00378 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death deo₩ is physician and completely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY Balto. Co. MARYLAND Maryland Balto. Co. papers. Pages I hin 72 hours after c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 Sparks 18 years Sparks, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Stringtown Rd. Stringtown Rd. NO K YES T 3 NAME OF Middle 4 DATE First Manth Day DECEASED OF John G. Navlor DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** (ast birthday) Days □ July 31, 1876 Male White WIDOWED # DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of warking life, even if retired) Farming Balto. Co. Farmer 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAME or remová Naylor Elizabeth Ievi E. Bull WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) 213-50-7942 Sparks, Md. Mrs. Evelyn E. Bull INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lune, for (a), (b), and (c). signed by the burnal-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPS PERFORMED? for use CIV. DOENV. YES NO C PHYSICIAN: 20d ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (County) (State) Not While factory, street, office bldg , etc.) at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 19. 3 19. 9 and the director, page 3 should should be filed with the saw the deceosed alive on. and that deoth occurred at M, from causes and on the date stated obove 22a\_SIGNATURE 22b DATE SIGNED ATTENDING M D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) M.C.Porterfield Hampstead Md. 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Jan. 18. 1967 Balto. Co. Md. Mt. Zion Cemetery Upperco. Burial 250. REC'D BY REGISTRAR 25b., REGISTRAR S. SIGNATURE 24. FUNERAL DIRECTOR Charles 196 VR A15 (4) 20 M 1/66 Tipton - Eline Funeral Home Hampstead, Md.

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Reg. Dist. No. 00370

le:												
	PLACE OF DEATH O. SOUNTY BELLTIMOTE MARYLAND					2. USUAL RESIDENCE (Where deceosed lived. If institution Residence before admission)  o STATE  b. COUNTY						
	b CITY OR TOWN (If outside corporate limits, wir RURAL and give nearest town) Catonsville			rite c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catobsv111e// Baltimore :/						
	d. NAME OF HOSE	TTAL (If not in hospitol, g	ive street o	oddress)		d. STREET AD			Milford	Mil	Rd, ON	RESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Lena	First Middle Ne.			Lasi	4. DATE OF DEATH	Tom	Nonth Day Year 1967			
	F. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRII		DATE OF BIRTH	187	6	9. AGE (In years lost birthdoy) 90 yrs.		Days Hour	
N.	Oo. USUAL OCCUPAT during most of we	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			R INDUST	TRY 11. BIRTHPLACE (State or foreign		or foreign c	country) 12		12. CITIZEN OF WHAT COUNTRY  USA	
L J	3. FATHER'S NAME	Mul	shefs	ski.		14. MOTHER'S N						
	5. WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	INI	Dr. Arth	ur Bo derio	ell ck Rd.	Add	ress		
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO										
	Conditions, if gove rise to couse (o), slotin lying couse ios	ony, which   (b) immediate   DUE TO	P	+SCVI)	, 'Ze	d An	ter	n'or c	levore	, ,>		
	de Ch	THER SIGNIFICANT CON	DITIONS C		_		HETERM	NAL D SEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	OR CONTRIBUTING	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of i	injury in I	Part I or Por	t II of item 18.)			
	20c. TIME OF INJU Hour o. m p. m	. 10	20d IN White of work	Not while of work	20e. PLAC focto	E OF INJURY (Ho ory, street, office b	ome, form oldg , etc	, 20f (City	y or town}	{C	ounty)	(Stote
	21. I certify alive an	that I attended the 1 - 6 - Cerroy Val		ed fram 2 7, and that			1 P.	M, fram	the causes an	d an the	date stat	
	PHYSICIAN'S NAME (Type)	Cesar Cav	ero,	M. D 86	629 L	Lberty Ro	d.–Re	endall	stown, M	d.		
7	20. BURIAL, CREMAT REMOVAL (Specil Burial	1 - 00-67	)F	22c. NAME OF CEMI New 6		ral Cem.		]	TION (City, town, Baltimore	, Ma	<u> </u>	itote)
) 2	3. FUNERAL DIRECTO	R'S SIGNATURE  D4101 Ed	monds	ADDRESS on Ave.					TRAR 24b. REGI		NATURE	

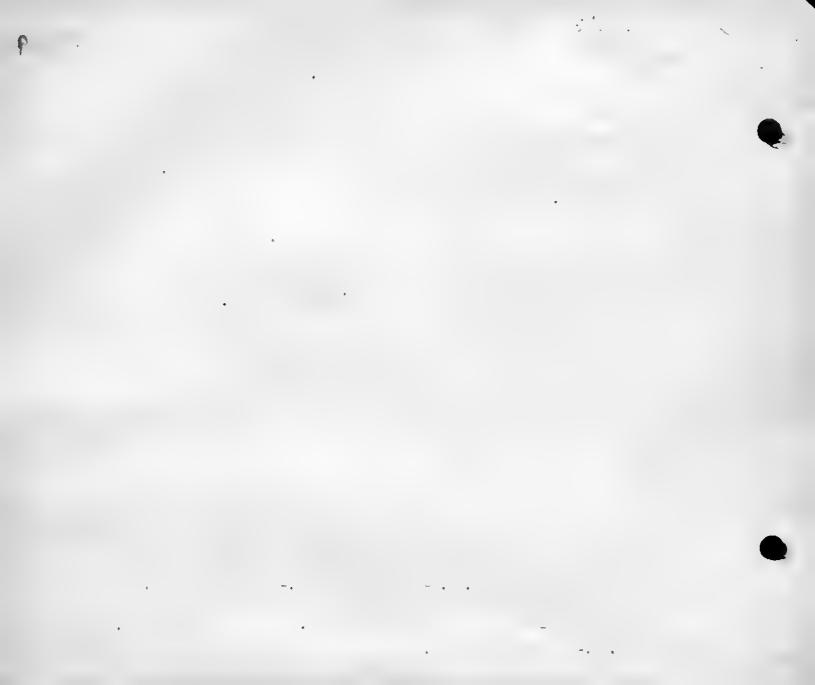
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by haspital or attending physician.

TO FUNERAL DIRE: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR

after death. Page 4

funeral director, uld be filed with

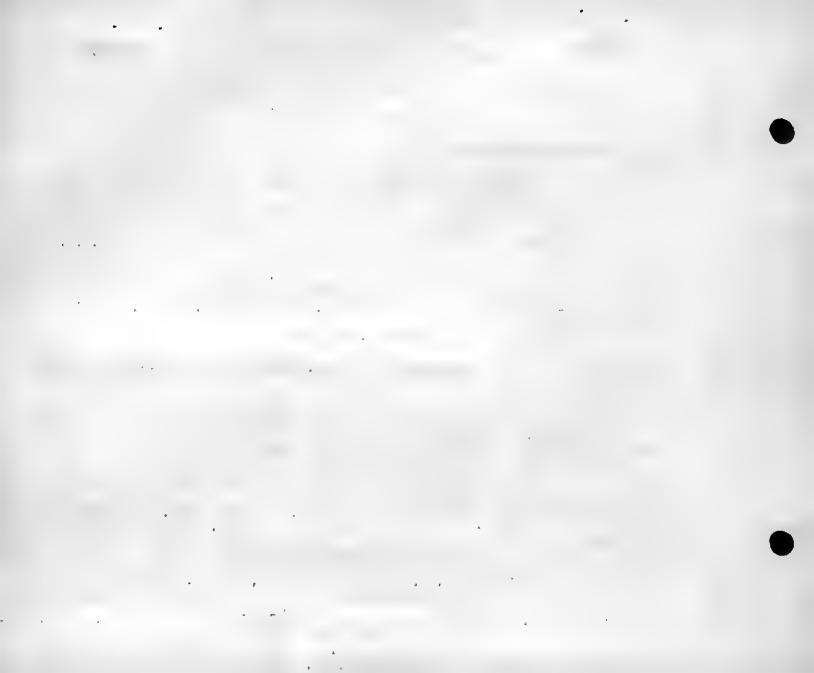
VS A15 (4) 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00377 law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nealest town) IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS Manor Nursino Home YES 🔲 NO FC 4. DATE OF NAME OF Middle Month Day Year First DECEASED lson OFATH 19 (Type or print) AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED last birthday) Months Haurs 4-28-1886 emale WIDOWED DIVORCED TOO USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY ? Maruland Housewite 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME remay arah arman Samuel 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor ar dates of service errino. lerrace crematian. INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. ONSET AND OFATH **burial-transit** IMMEDIATE CAUSE (a) signed by **OUE TO burial**, Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause to HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 NO fa 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) 200. ACCIDENT WAS UNDERLYING [ detached for te Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Manth, Day, Year Haur em. Not While factory, street, affice blda., etc.) of work at wark shauld be 19612, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred of 6. PM, from causes and on the date stated above. saw the deceased alive an 22b OATE SIGNED 22a. SIGNATURE ATTENDING PHYS MO DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Vorto awa 25b. REGISTRAR'S SIGNATURE 2So. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ruck Inc Baltimore, Md. DATE 20 M 1/66



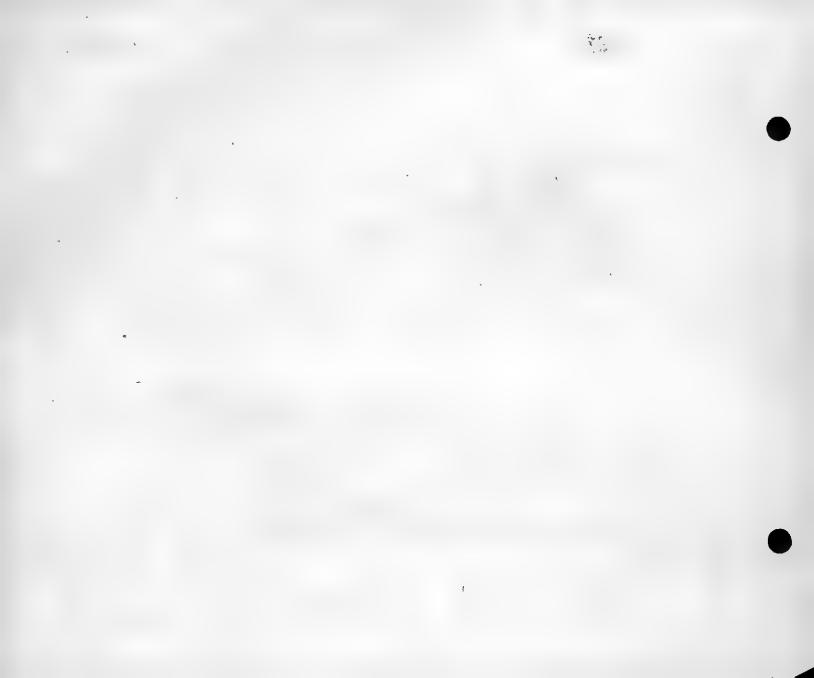
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00378 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. bysion and campletely filled in by the funeral en pease remaye carban papers. Pages 1 and avail, and in any event, within 72 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. STATE MARY LAND o. COUNTY ANNE ARUNDEL BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 222 DAYS PASADENA d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? 21/3 BODKIN AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO TA 3. NAME OF Middle First Lost 4. DATE Year Month Dov DECEASED (Type or print) OF DEATH EARL NORATEL JANUARY 67 THOMAS 19 IF UNDER ! YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH AGE ( n years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy AUGUST 16, 1900 WHITE MALE WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, at foreign country) INDUSTRY COUNTRY? A. BALTIMORE, MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ELLA C. DRIVER THOMAS NORATEL 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates of service) 215 09 1167 CLIN. REC., VAH. FT. HOWARD, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit RECEIVE PHEUMONIA: BITATERAL IMMEDIATE CAUSE (o) DUE TO BRONCHOBENIC CARCINOMA LEFT LUNG WITH METASTASIS UNKNOWN Canditians, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the lost. 9 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) ed for use a MYOCARDIAL INFARCTION, OLD 20a ACCIDENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hayr o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) (Stote) Not While foctary, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased from May 31, 1966, to Jan. 8, 1967, that (1) (we) last saw the deceased alive on Jan. 8, 1967, and that death accurred of 108 a.M., from couses and an the date stated abave. director, page 3 shauld shauld be filed with the sow the deceased alive on Jan. 8, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 1 9 67 DIRECTOR VAH, Ft. Howard, Maryland 22c. PHYSICIAN'S GEORGE DUDAS, M. D. NAME (Type) 23b. DATE THEREOF 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (State) Jan. 12, 1967 Glen Haven Men. Pk.CENIETERY Glen Lurnie, A. A. 256 REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR GONOADRESTINERAL HOME **EUNERAL DIRECTOR** Milarley VR A15 (4) 20 M 1/66 1967 169 Riviera Dr. Riviera Beach, Md.



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- 7	within 24 hours after by filled in by the fur oah papers. Pages I yithin 72 hours after	,	College Manor Nursing Home	922 Arm	
-	secuted within sompletely find a version of the control of the con		3 NAME OF First Middle	r G2J	4. DATE Manth Day Year
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	E Se		5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years   IF UNDER 1 YEAR   F UNDER 24 HRS.   Months   Doys   Haurs   Min
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	and and		Retired-Engineer Balto-Aircoil	Balti	
i.	ertiticate be physician c nen please toval, and it		13 FATHER'S NAME Air Conditioni:		
	The P		Edward T. Norris	Mary M	
7	ath iir irre		f Yes no or unknown\ If if yes give wor or dates of service\	INFORMANT	Address
-	offer erm erm		Yer WWI & WWII 212-18-4261AA	llan T. No	
4	OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within 24 hours after death be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e.3 should be detached far use as the burial-transit permit. Then please remayerer by papers. Pages I and 2 ed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c), PART   DEATH WAS CAUSED BY	- C	INTERVAL BETWEEN ONSET AND DEATH
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	Ste Be St		27 certify that (1) (this beegital) attended the deceased fram.		1905 to 1-23, 196/, that (I) (we) last
	the the			nat death accurred a	1 2 p. M. fram causes and an the date stated above.
<b>- (3)</b> :	Fig. G a A		22q. 9GNATURE ()	ATTENDING -	MED STAFF 22b. DATE SIGNED -67
	egg Be G		William Foregrick	M.D. PHYS. DCJ 22d, ADDRESS	DIRECTOR PHYS. D /- 26-6/
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-traishould be filed with the State Dept. af Health priar ta burial, cre	1	22c PHYSICIAN'S NAME (Type) Dr. William G. Helfrich		land Ave.
	Se 4 Per Se A Per Se	,	230 BURIAL, CREMATION, 23b. DATE T IEREOF 23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
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ì		w	24 FUNERAL DIRECTOR LOCAL ADDRESS	250. REC	D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	3	H.W.Jenkins & Sons Co.4905 York R	Md DATE	IAN 26 1967 Warley Yuan
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmissian) PLACE OF DEATH Timone Od the State Departmentiof delay c .ENGTH OF STAY IN 16 b CITY OR TOWN ( f outside corporate l mits, TOWN (If autside carporote limits, write RURAL and give nearest town Son d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RES DENCE ON A FARM? along with farm Item 18. Give Pages 24 haurs after death 3 NAME OF M.ddle DECEASED ora DEATH Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR#ED NEVER MARRIED b ithday) DIVORCED W DOWED event within 72 hours after death 10b. KIND OF BUS NESS OR 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or foreign country) king life even if retired) INDUSTRY e certificate, writing the ward "pending" in pencil 11 should be farwarded ta the Chief Medical Examiner 13. EATHER'S NAME 7 INFORMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO This certificate shauld be executed (Yes, na, ar unknown) (If yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per land burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a writing the ward in any Canditions, if any, which gave rise to immediate cause (a) DUE TO stoting the underlying cause ond PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) burial, crematian, ar remaval, CERTIFICATION 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg, etc.) of work 21 | certify that I took charge of the remains described above, held on Autopsy | \_\_\_\_\_\_\_ Inspection - Inquiry and in my opinion the funeral director. Accident Suicide Homicide Undetermined manner Natural causes may be retained FUNERAL DIRECTO CHIEF MEDICAL EXAMINER Health priar ta 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar county) NAME (Type) 23d LOCAT ON (City or Town) (State) VR A15MEJ(5)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00382 CERTIFICATE OF DEATH 00385 death kertificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE b. COUNTY Baltimore completely filled in by the fur tove carbon papers Pages 1 y event, within 72 hours after MARYLAND Maryland Baltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) Towson 3 weeks Towson d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dulaney Towson Nursing Home 806 Scarlett Drive YES NO K 3 NAME OF Middle 4 DATE Eirst Lost Month Year Day DECEASED (Type or print) **EDWARDS** GRACE OLMSTEAD 21 19 67 DEATH Jan S SEX AGE IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH n years **NEVER MARRIED** remove 8 Just birthdoy) Months Days Hours Sept. 9,1884 signed by the offending physician and co burial-transit permit. Then please remay burial, cremation, or removal, and in any Female White WIDOWED X DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life even if retired) COUNTRY? INDUSTRY Dexter, Iowa U.S.A. not employed
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Edwards Annie Louise Mount 15. WAS DECEASED EVER IN U.S ARMED FORCES? dent. 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service Mr. Merlin Olmstead (son) Same as 2-D no 18 CAUSE OF DEATH (Finter only one couse per line for (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN THROMBOSIS ONSET AND DEATH CEREBRAL physicion. **DUE TO** ARTERIOSCLEROSIS Conditions, if ony, which gove nse ta immediate cause (a), DUE TO stating the underlying cause OR ATTENDING PHYSICIAN: The low re be retained by the hospital or attending os the hos been last. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) letached for use a Dept. of Health p YES MO Poge 4 moy be retained by the hospinal or O FUNERAL DIRECTOR: After this certificate for us 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While be de Stote [ at wark at wark 19 60 to JAN 21 , 1967, that (1) (was) last 21. I certify that (I) (this hospital) attended the deceased fram Jan. 11 saw the deceased give on JAN 20 1967, and that death occurred at \_M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING cutus 1/23/67 director, page 3 should be filed v M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S Pennsylvania Ave., Towson, Md. T. C. Siwinski, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL(Sperify) Jan.24,1967 Cedar Hill Cemeterv Maryland Suitland, 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 1050 York Road 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE Towson, Maryland 21204

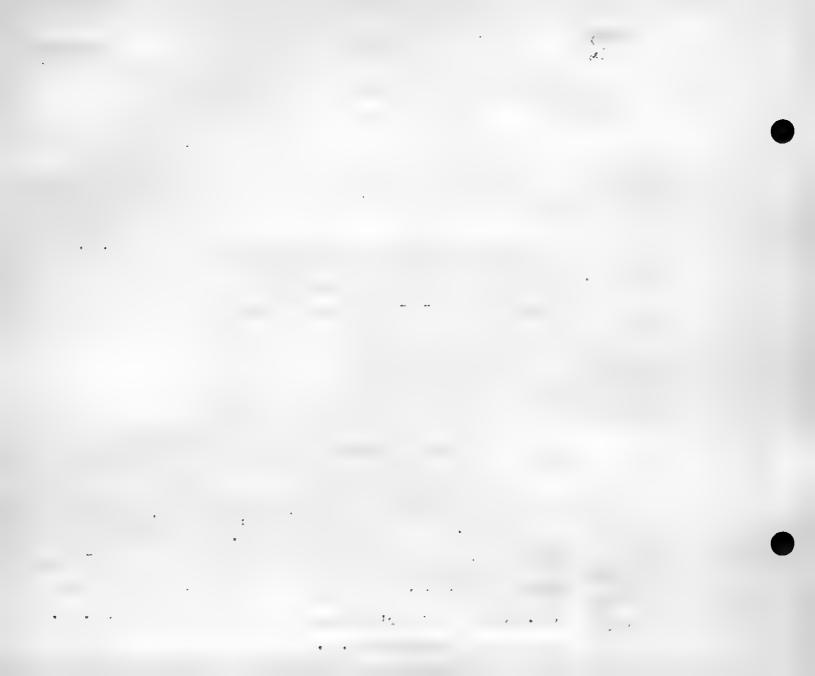


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00383 00386 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DEPT. USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) 1. PLACE OF DEATH o COUNTY o. STATE b. COUNTY 2, and 3 to PM3, Page 90 death. Balte. (Towson) MARYLAND Deportment b CITY OR TOWN (foutside corporate limits CLENGTH OF STAY N 16 c CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give negrest town) Baltimore #14 hours after d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? olong with form 8. G ve Poges 1, YES NO 3 Stote | St. Joseph Hospital 3037 Northern Pkwy 24 hours ofter death 3 NAME OF Middle Lost DATE Year within 72 DECEASED DF e DEATH O'Malley 흪 (Type or print) William with 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost birthdoy) Months March 7, 1897. Dovs Hours DIVORCED WIDOWED 69 yrs event tern 10b, KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done Retired Auditing Dept INPUSTRY O R R COUNTRY? Mass. USA dny 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within .⊆ Unknown Unk. O'Malley 9 pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no or unknown) (If yes give war or dotes of service) 705-95-2592 or removal, Mrs. Maude O'Malley (Same) 18. CAUSE DF DEATH (Enter only one couse per spe for in), (b) ond (c).) INTERVAL BETWEET buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) e, writing the ward forworded to the Ch burioi, crematian, DUE TO Conditions, if ony, which gove use to immediate couse (a). DUE TO stoting the underlying couse last. S nsed WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate, YES NO 0 should be 20o EXTERNAL CAUSE WAS 20b OFSCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) agent, prior PRIMARY Or CONTRIBUTING **CAUSE OF DEATH** 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While Hour om foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge designoted 21. I certify that Daal tharge of the remains described above, held an Autopsy Inspection -Inquiry and in my apinian ā the funeral director. death resulted from Hamicide [ Natural couses Accident Suicide 🖊 Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE/SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles F.O'Donnell, M.D. FO FUNEI Heolth Address (Street, city, town, or county) 23d 10CALON (City or Town)

Baltimore, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF (Stote) 1/6/67. Baltimore National Cemetery REMOVAL (Specify) 256 REGISTRAP'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Charles VR A15ME (5) 1967 Leonard J. Ruck. Inc. Balto. Md. 21214 JAN 5



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. IARYLANDMARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give neerest town) executed within 24 write RURAL and give nearest town) hours effer .⊑ Balt imore filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? Stella Maris Hospital 106 E. WEST completely YES NO 3. NAME OF PT Middle 4. DATE First ,EO OTTERRETN Dey Year within (Type or print) (Msgr) DEATH 9/67 19 Otterbein Leo carbon physician and B. DATE OF SIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIEDlast birthday) Months any event, death certificate WIDOWED [ DIVORCED гетпоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Baltimore, Md USA atholic Priest ROMAN please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Simon Adam Otterbein Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT I 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (Ifyasgivewerordatesofservice) No Hospice records the hospital or attending physician 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). After this certificate has been signedible INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, DUE TO Conditions, if any, which gave rise to immadiate cause **DUE TO** (a), stating the underlying ŧ PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DIRECTOR: After this cerum-CERTIFICATION PERFORMED? NO K 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by **MEDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) [State] factory, street, office bldg., atc.) Not Whila Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased frommar. 5., 1961...., 19....., to ... Jan. 9, 196719....., that (I) (we) last saw the deceased alive on ... Jan. 9, 1967 and that death occurred at 2:25 PM om the causes and on the date stated above. YBE. 22a. SIGNATURE 22b. DATE **ATTENDING** SIGNED HOSPITAL death. Page 4 O FUNERAL with t DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, g NAME (Typa) Robert J. Mahon. M.D. 20h E Joppa Rd. Towson 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) RITCHIE 25a. REC'D BY REGISTRAR , 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE N. CALVERT SON 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00389 requires that the death certificate be executed within 24 hours after death. death and completely filled in by the funeral remave carbon papers. Pages I and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission. a. COUNTY **b.** COUNTY Prince Ceorge's Baltimore MARYLAND b CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 3 months Riverdale. Maryland Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? Spring Grove State Hospital 8138 Balto. Blvd. College Park YES NO please remave carbon 3. NAME OF Middle 1ast 4. DATE Doy Year DECEASED 67 (Type or print) Fred Paragon 19 DEATH January S. SEX DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K Months Days Haurs 2-25-87 and in any WIDOWED DIVORCED Male White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A during most of working life, even if retired)
UNKNOWN INDUSTRY unknown Prince George's Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya Briton Paragon Marv IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dates af service) 520-24-2705A Records: Spring Grove State Hospital cremation, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebrovascular accident IMMEDIATE CAUSE (a) signed by physician. DUE TO Arteriosclerosis, generalized and severe Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the priar tat has been lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ed far use o af Health p CERTIFICATION NO X TO FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 should be detache with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work ot work 21. I certify that XI) (this haspital) attended the deceased fram 10-29-66, 19-30 ta Jan. 29, 19-67, that XI) (we) last sow the deceased alive on Jan. 29 19-67, and that death accurred at 2:30 M, fram causes and an the date stated abave. sow the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS ATTENDING wachst 2-1-67 director, page 3 should be filed v M.D Spring Grove State Hospital 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Catonsville, Maryland 21228 23b DATE THEREOF 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, (State) BWOYAL (Specify) 2/2/67 Glen Haven Ritchie Highway Balto Md. **ADDRESS** 2Sg REC'D BY REGISTRAR 25b. REGISTRAR'S STGNATURE, 24 FUNERAL DIRECTOR 1967 1 carre ? VR A15 (4) 20 M 1/66 FUNERAL HOME 1216 S.Charles



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00390 00387 death, The law requires that the death certificate be executed within 24 hours after death the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Md. o. COUNTY Baltimore ely filled in by the fune ban papers. Pages 1 a , within 72 haurs after d Baltimore MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville. Md. Rural- Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? House of Pines-Catonsville, Md. 203 Garden Ridge Rd. NO NAME OF DECEASED (Type or print) Middle 4. DATE Month Year 29, 1967 John Pascoe Jan. 19 DEATH event, IF UNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE ( n years IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USUA: OCC. PAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** Machinist
13 FATHER S NAME Balt. Transit Co. Baltimore USA 14 MOTHER'S MAIDEN NAME ar removal, Unknown Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address 21207 (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Mary B. Pascoe-8301 Charmel Drive Yes 213-10-0069 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate cause (o). DUE TO stating the underlying couse this certificate has been priar ta 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO YES OR ATTENDING PHYSICIAN: ь 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work ot work TO FUNERAL DIRECTOR: After Page 4 may be retained by 21 | certify that (1) (this hospital) attended the deceased from 12-5-, 1964, to 1-29, 1967, that (1) (We) los 1-28 1967, and that death accurred at 2450. M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MD. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S TO HOSPITAL Dr. Wilmer K. Gallagher 6209 Frederick Rd. 21228 NAME (Type) directar, shavld be 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Balt. Md. Oaklawn Cemetery Eastern Ave. Burial 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
LOTING Byers -8728 Liberty Rd. Randallstown, Md 2Sp. REC'D BY REGISTRAR VR A15 (4) ↑ 20 M 1/66 ↑ 967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00388 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 21 hours after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, crematial seemavel, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before adm ssign) e. COUNTY o. STATE b. COUNTY Charles Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Waldorf, Maryland Byrsldv Catonsville d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? Spring Grove State Hospital YES TO NO 🔀 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED OF Henry Portzen (Type or print) DEATH January 19 67 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 24 HRS 7 MARRIED NEVER MARRIED olost birthdoy) Months Dovs Hours 11-14-74 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT KIND OF BUSINESS OR during most of working life, even if retired) U.S. Luxenbourg Farmer 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Margaret Strice Nicolas Portzen IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Records: Spring Grove State Hospital 219-54-3276 No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular heart disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending this certificate has been for use as the Generalized arteriosclerosis lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health ( Senility - Malnutrition NO 🔯 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg , etc.) Not While 67 and that death accurred at 5:30 M. fram rauses and an 45, that (b) (we) last of work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 1-4-63 be filed with the saw the deceased alive an Jan. 22b. DATE SIGNED 22n. SIGNATURE Sulla ATTENDING PHYS STAFF PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN S Spring Grove State Hospital NAME (Type) Stella Wachsler, M.D. Catonsville, Maryland 21228 director, shauld 230. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) SUR A ALDORF 24. FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

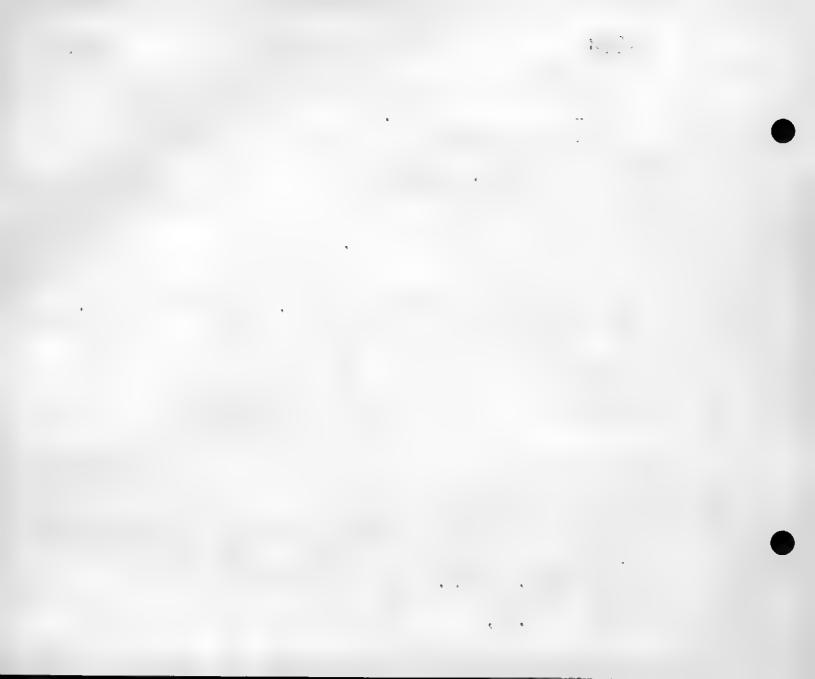
20 M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00390 CERTIFICATE OF DEATH 00394 death certificate be executed within 24 hours after death. deoth ician and campletely filled in by the funeral lease remave carban papers. Pages 1 and and in any event, within 72 havrs after geath PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY Baltimere o. STATE Maryland b. COUNTY Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Jessup 20794 Towson d NAME OF HOSPITA, OR INSTITUTION (15 not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? St. Jeseph Hospital 224 Mission Read YES 🗔 NO. 3 NAME OF Middle 4 DATE Month Last Year DECEASED Matthew PRESTIANNI 67 Gregory January 27 19 (Type of print) DEATH JE UNDER I YEAR IF JNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthday) Months Dovs Hours 410 Male January 27, 1967 White DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT the arending physician an during most of working life, even if retired) INDUSTRY Baltimore, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME. cremation, ar remayal, Jeseph Prestianni 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the arendir burial-transit-permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Joseph G. Prestianni, 224 Mission Rd. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hydrops fetalis IMMEDIATE CAUSE (o). 170.0 DUE TO burial Conditions, if any, which gave Erythreblastesis fetalis nse to immediate cause (a), **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. at Health prior ta last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES SC NO 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While While at work at work 21. I certify that (t) (this hospital) attended the deceased from 1/27 d fram 1/27, 1967, to 1/27, 1967, that (He(we) last and that deoth occurred at 1-47PM, from couses ond on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 1-27-67 8 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 7620 York Rd. To sen. Md. Lawrence J. Misanik 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) St. Lawrence Cemetery 1-28-1967 Howard County, Maryland BURTAL 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Avenue 21229



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00391 00395 death. law requires that the death certificate be executed within 24 hours after death Panding physician and completely filled in by the funeral mit. Then please remave carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH & COUNTY Paltimone a. COUNTY Baltimone MARYLAND oon papers. Pages 1 within 72 hours after C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn Runal - Rosedale - Rosedale urs. d. STREET ADDRESS
1225 Spring Avenue d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE 8019 Philadelphia Road YES | NO 50 3 NAME OF 4. DATE Manth Day Year DECEASED Januaru 6 19 DEATH (Type or print YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 4 birthday) Manths Dovs Hours White March 20. Male WIDOWED DIVORCED KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 106 during most of warking life, even fretired) INDUSTRY COUNTRY? Brunign Paint Maruland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lement Priller Katherine 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, gave war or dates at service) Priller 1225 Spring Ave. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by burial-tra DUE TO Conditions, if only, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been last prior 1 20 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO this certificate ģ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20x TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. be retained 19/2, and that death accurred at 9AM, from causes and an the date stated above. saw the deceased alive an ATTENDING M.D. DIRECTOR PHYS 22d 22c/ PHYSICIAN'S Philadelphia Road NAME (Type) directar, should 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE THEREO! (County) (Stote) BURGAL (Specify) Redeemer Cemeteru 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 hesaco Avenue



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00392 ÓF DEATH CERTIFICATE 00396 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 haurs after deap PLACE OF DEATH a COUNTY b COUNTY Baltimore a. STATE Baltimore MARYLAND Maryland c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and a ve nearest town) 21204 Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS This is her usual resident St. Joseph Hospital 7620 York Road-21204 3 NAME OF 4 DATE First Middle Inst Month DECEASED (Type or print) Sister M. Agnes Angela OSF( Proctor DEATH January 18 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) Months Dovs Hours WIDOWED 1-9-07 White DIVORCED Female 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA Philadelphia, Penn. Religious
13. FATHER'S NAME the attending physical 14 MOTHER'S MAIDEN NAME burial, cremation, ar remayal, Bridget Lagan Joseph Proctor IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, na, asynknown) (If yes give war ar dotes of service) (Same) Sister Pierre. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH Massive Pulmonary Embolism IMMEDIATE CAUSE (o)\_ Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 3 should be detached far use as the with the State Dept. of Health priar tal O FUNERAL DIRECTOR; After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO St Carcinoma of Right breast with extensive metastasis to ribs. 200 ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg, etc.) Not While 21. 1 certify that (I) (this haspital) attended the deceased from Dec. 25 10, 1966 Ao Jan. 10 1907, that (I) (we) last saw the deceased alive an Jan. 18 11 1967, and that death occurred at 5:30 M, from causes and on the date stated obove. 22b. DATE SIGNED 220.-SIGNATURE MED DIRECTOR ATTENDING Jan.1841967 director, page 3 should be filed v M.D. PHYS. 22d ADDRESS 97c PHYSICIAN'S MD 7620 York Road, Towson 21204, Maryland. NAME (Type) Ernesto A. Hipolito 23d. LOCATION (City or Town)
Baltimore, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (Stote) 1/21/67. Holy Redeemer Cemetery REMOVAL (PREMY) 250 REC'D BY REGISTRAR 3 2Sb\_REGISTRAR'S\_SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Leonard J. Ruck. Inc. Balto. Md. 21214 DATE



CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased live as STATE)  3. STATE	00397
1. PLACE OF DEATH  •. COUNTY  •. COUNTY  •. STATE  •. STATE	
MARYLAND MATCH Y LIT ALL MARYLAND MATCH Y LIT ALL MARYLAND MARYLAND MATCH Y LIT ALL MARYLAND MARYLAND MATCH Y LIT ALL MARYLAND MATCH Y LIT ALL MARYLAND MARYLAND MATCH Y LIT ALL MATCH Y	COUNTY 13 HLTIMORE
Write RURAL end give neerest town)	o, is residence
TO SEE STATE OF First Middle Lest DATE	Y PKLEY YES NO Month Dey Year
R PAR MARKIED NEVER MARKIED LINE MARKED LINE MARKED	day) Months Deys Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign county and the state of the s	untry) 12. CITIZEN OF WHAT COUNTE
WILLIAM R. PROWELL SENDE ELCOCK	
	SZZ LIBERTY POT
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  PROCINOMAL OF RIGHT LUNG  Conditions, if eny, which geve rise to immediate cause  (e), stelling the underlying  DUE TO  DUE TO	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  TO THE TERMINAL DISEASE CONDITION  TO THE TERMINAL DISEASE CONDITION  20b. DESCRIBE HOW INJURY OF LARRED (Enter nature of in ury in Part I or Part II of Item 18  OR CONTRIBUTING CAUSE OF DEATH  TO THE ETHER, NOTIFY MEDICAL EXAMINER)	N GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
Hour a.m. While Not While a work	(County) (State)
MAN OR 220. SIGNATURE OF	uses and on the date stated above
DIRECTOR PHYS.  22c. PHYSICIAN'S  NAME (Type) 10 72 3 4 4 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19/67 SIGN
22c. PHYSICIAN'S NAME (Type) M. B. DAVIS IN D. 22d. ADDRESS NAME (Type) M. B. DAVIS IN D. (SEOD MORN ING)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  PROPOSED TO SUPERIOR OF THE CONTROL OF THE CON	ity, lown or county) (State)
VR A1S (4)  20M 5-63  DUDRICH FUNERAL HOME - DUNDALA MD DATE JAN 12 1967	

MARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF STATISTICAL RE	ARYLAND STATE DE SEARCH AND RECORDS	PARTMENT OF HEALTH 3.301 W. PRESTON STREET, I	RAITIMORE 1 M	ΙΑΡΥΙ ΑΝΠ
funeral 1. and 2 r. death.		00394	CERTIFICAT		SYLLIMONE (* M	00391
s. rages 1, and 2 hours after death.	1.	PLACE OF DEATH  a. Balltimore,	MARYLAND	2. USUAL RESIDENCE (Where deceases a. STATE Maryland	b. COUNTY Ba	alto. City
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	3 days	c. CITY OR TOWN (If outside corpora	te limits, write RURAL	and give nearest town
Pr.	Gr	d. NAME OF HOSPITAL OR INSTITUTION (if not reater Baltimore Med		d. STREET ADDRESS 2803 Garrison	Blvd.	e. IS RESIDENCE ON A FARM?
	3.	NAME OF First DECEASED (Type or print) SUSIE H.	PURADELL (1	PERNELL)  4. DATE OF DEATH	Month Jan.	Day Year 6 1967
	5.	Female 6. COLDR OR RACE 7. MARR WIDOW	TED NEVER MARRIED DIVORCED DIVORCED	7-4-94 9. AG		1 YEAR IF UNDER 24 HR. Days Hours Min.
	10a dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	(11. BIRTHPLACE (County & State, or fo		ITIZEN OF WHAT DUNTRY?
	13.	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME UNKNOWN		
	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? (1f yes give war or dates of service)		INFORMANT ed. Record	Address	
		18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		RATORY OBSTRUCT	ON	INTERVAL BETWEEN CONSET AND DEATH LATE
		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	Carcin	noma of Pharynx		?Duratio
3	CATION	underlying cause last, ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTS	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20E OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part I	or Part II of Item 18.	)
	EDICAL	Hour a.m. WI	d. INJURY OCCURRED 20e, PLAI facto work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	or town) (Cou	inty) (State)
		21. I certify that (I) (this hospital) attended to the deceased alive on	nded the deceased from 19, and that	death occurred at M, from t		
	7	22c. PUYSICIAN'S	M.D	ATTENDING MED. PHYS. DIRECTOR 1	STAFF PHYS. 22bc 0	ATE SIGNED
-1	23a	BURIAL, CREMATION, 23b. DATE THEREOF	ALZBANKS	6BMC No. Charl	es Kalt	more (State)
		REMOVAL (Specify) Burial 1/12/67 FUNERAL DIRECTOR	Mt. Celva.	4 1	Arunde	S SIGNATURE
		Wri. C. March 928	8 E. North A	RE DATE JAN 10 1	967 yillan	res Judge

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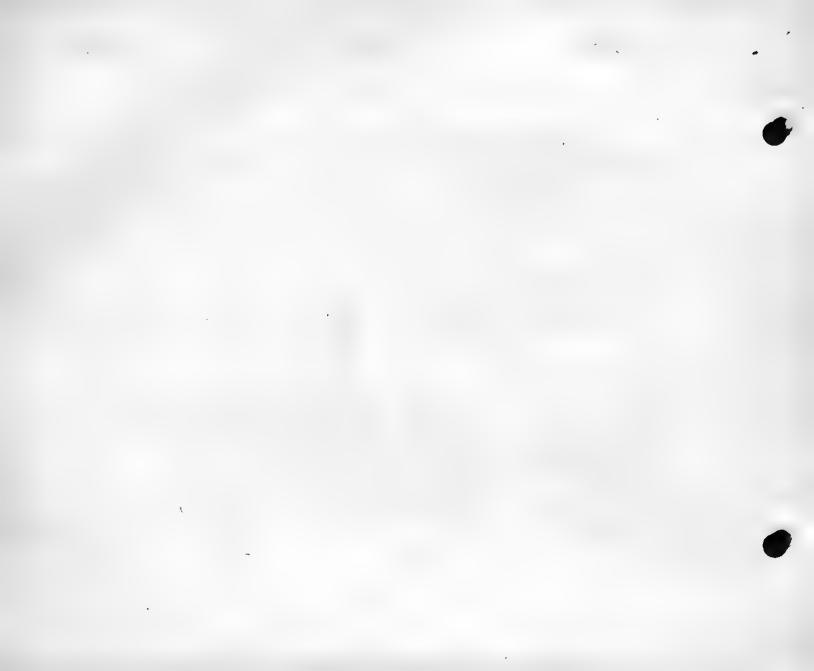
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		STATE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE,	. MARYLAND 21201
. 22	00000	IFICATE OF DEATH	00398
funeral funeral s I and 2 fter death	PLACE OF DEATH   O COUNTY   Baltimore   M	2 USUAL RESIDENCE (Where deceased fived acressed acressed fived arryland	b. COUNTY  Baltimore
by the Pages	b CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town)  Baltimore	AY IN 1b c CITY OR TOWN (If outside corporate limits  Baltimore 21.	
ed in lagpers.	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  St. Joseph Hospital	d STREET ADDRESS 2527 Taylor Av	e IS RESIDENCE ON A FARM? YES NO PC
cuted within 24 hours after ompletely filled in by the fur we carbon papers. Pages I event, within 72 hours offer	3. NAME OF First Middle DECEASED (Type or print) Hans A. W.	Lost 4. DATE	Month Doy Year nuary 8 19 67
e executed withing and completely for remove carbon any event, with	5 SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARI male white WIDOWED DIVOR	RIED   B. DATE OF BIRTH   9. AGE (1 lost by 1   1   1   1   1   1   1   1   1   1	In years IF UNDER 1 YEAR IF UNDER 24 HRS puthdoy) Months Doys Hours Min
te be exection and co	IDO USUAL OCCUPATION (Give kind of work done during most of working lie eyen fretired)  Retired feweler	R 11 BIRTHPLACE (County & State, or foreign coal Germany	12. CITIZEN OF WHAT COUNTRY? USA
e death certificote b ottending physician permit. Then blease on, or removatedad i	13 FATHER'S NAME William Quade	14 MOYHERS MAIDEN NAME Helen Kleist	
ne death ottending permit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 214011675	o. 17. INFORMANT Anna Quade	Address Same
equires that the physicion. signed by the burial-transit purial, cremoti	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost  (c)	of left upper lobe.	INTERVAL BETWEEN ONSET AND DEATH
YSICIAN: The low rapping or attending certificate has been hed for use as the st. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		YES X NO
rSICIAN ospitol certifico hed for it, of He	OR CONTRIBUTING CAUSE OF DEATH	Y OCCURRED (Enter noture of injury in Port I or Port II of it	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d INJURY OCCURRED While Not While of work of work	factory, street, office bldg., etc.)	or town) (County) (State)
OR ATTENDING be retoined by the liRECTOR: After i e 3 shauld be d ed with the State	21. I certify that (this haspital) attended the deceases saw the deceased alive an January 8 19.67	ed fram January 0 , 19 07, to Ja , and that death accurred at 5.35PM, fram	n causes and an the date stated above
	220 SIGNATURE / Och been M.D.	M.D. ATTENDING MED DIRECTOR F	STAFF Z 22b. DATE SIGNED January 9, 196
O HOSPITAL OR Page 4 moy be 1 O FUNERAL DIRI director, page 3 should be filed v	NAME (Type) M.S. Cockburn, M.D.	7620 York Rd. Bal	
Page Office Should should be should	BENDYAL (Specify) 7-11-67 Morala		imore, Md.
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS LEONard 4. Ruck Inc Baltimore	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

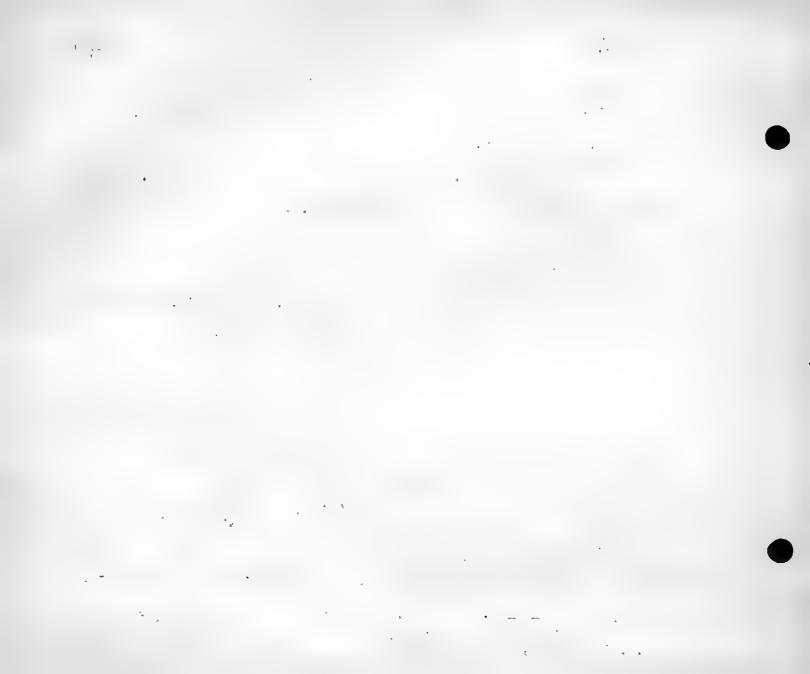


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00396 CERTIFICATE OF DEATH death. and completely filled in by the funeral remove carbon papers. Pages 1 and in any event, within 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY o. STATE b. COUNTY Maruland
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimore requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1h Baltimore Baltimore ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 7407 Kalton Court □ NO □ Ridgeway Manor Nursing Home NAME OF Middle DATE Month Year DECEASED Albert (Type or print) DEATH Ranbin Januaru IF UNDER 1 YEAR JE UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours Мn White WIDOWED DIVORCED Male. 1897 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? puo Executive. asting Product RUSSIA 1191 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, permit. Then Mendel Rankin Hubnown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes a ve war ar dates of service) Kalton Court #8 Martin Rankin, 7429 216-09-7570 INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the buriof-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). **D**UE TO stating the underlying cause as the prior to b last. 19 WAS AUTOPSY PERFORMED? hos PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🖂 NO 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m factory, street, affice bldg.etc.) While Not While of work at wark 1964 to 16 1967, that (I) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 1 Hours director, page 3 should should be filed with the 3 19 67, and that death occurred at & P. M. from lauses and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22a. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS O HOSPITAL NAME (Type) i aw Goodman 1345 Sulpholz 23a. BURIA., CREMATION. 236 DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Haryland Baltimone. 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 3 DATE Levinson & Bros. Inc., 6010 Reist.

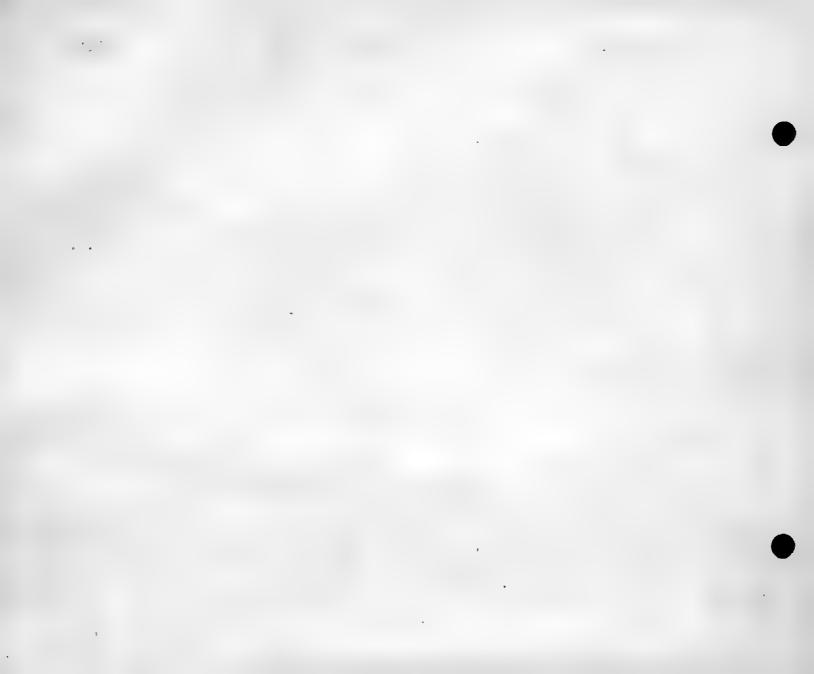


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00400 funeral after death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Maryland Howard

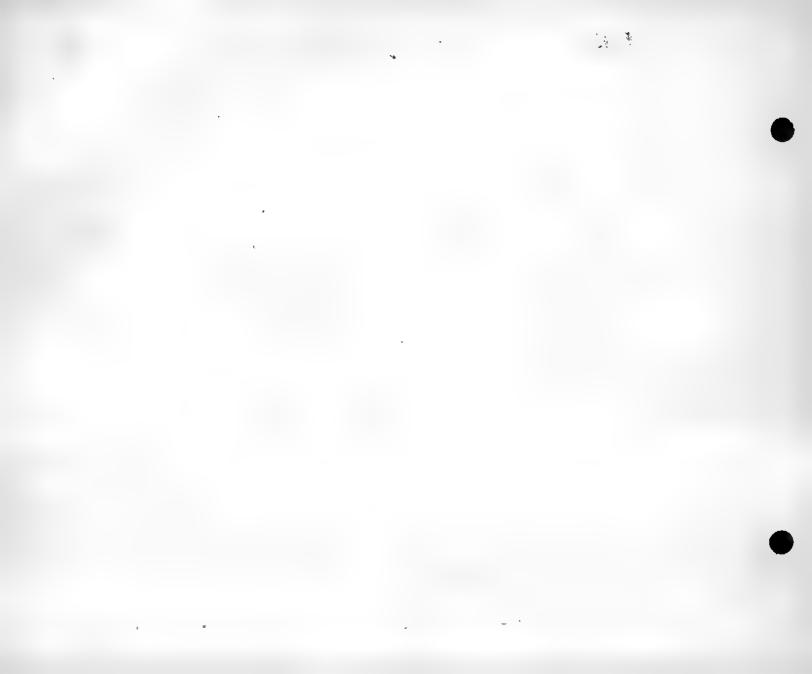
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Raltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND bon papers. Pages within 72 hours aft C. LENGTH OF STAY IN 1b 24 hours Catonsville Elkridge Route completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 284 Box NO X Ridgeway Manor Nursing Home YES executed within carbon NAME OF DATE Middle Month Day Year First Last 4. DECEASED event, RAY BESSIE D. Jan. 14, 1967 (Type or print) DEATH 19 5. SEX DATE OF BIRTH 6. COLOR OR RACE Ÿ. AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours and any Female White WIDOWEDT DIVORCED [ Sept.1.1880 86 Then please 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 当 during most of working life, even if retired) INDUSTRY COUNTRY? At Home Marvland that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Ther Sarah Swartz Arthur Chenoweth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address (Yes, no, or unknwn) I (If yes give war or dates of service) Joseph H.Ray, Monrovia, Md 21770 No Nane CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit | burial, cremat ONSET AND DEATH migmed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that to Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) peen rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate had for use of Health p PERFORMED? NO [ YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached bould be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from Ythat (I) (we) last saw the deceased alive on. and that death occurred at M. from the causes and on the date stated above. DATE 22a. SIGNATURE 22b. ATTENDING TO ED. M.D DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) IAM NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. REMOVAL (Specify) 2 Prospect Hill Towson Md REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. . Higinbothom . Ellicott VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00398 CERTIFICATE OF DEATH 00401 death The low requires that the deoth certificate be executed within 24 hours after death. ompletely filled in by the funeral we carbon popers. Pages 1 and event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY n. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN In write RURAL and give nearest tawn) Baltimore Rural Baltimore 8½ vears the attending physician and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Augsburg Lutheran Home 6811 Campfield Road 2 3820 Parkmont Avenue YES 🗍 NO 🛣 3. NAME OF Middle 4 DATE pleose remove carbon First Last Month Dov Year ÔF DECEASED Elizabeth Richard 67 Marv Jamia TV Wedrs | IF UNDER 1 YEAR 19 (Type or pant) DEATH IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Days Hours White Female X 3/17/88 ond in any MIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)
HOUSEWORK INDUSTRY U.S.A. Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAME John Bloberger Meta Margaret Pestrup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO permit (Yes, no, or unknown) (If yes give wor or dotes of service) 218-34-1635A Paul A. Hauer 6811 Campfield Road 21207 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by DUE TO buriol Conditions, if any, which gave rise ta immediate cause (a). DUE TO as the prior to b stating the underlying cause Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use r NO N 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INTURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for te Dept. of F (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Harne farm, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at wark at wark 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. should and that death occurred at TP M/from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING X DIRECTOR PHYS director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22€ PHYSICIAN'S Ea rl L. Chambers NAME (Type) 23b DATE THERPOF 23 NAME OF CEMETERY OR CREMATORY LOCATION (City, or Jown) (County) (Stofe) 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



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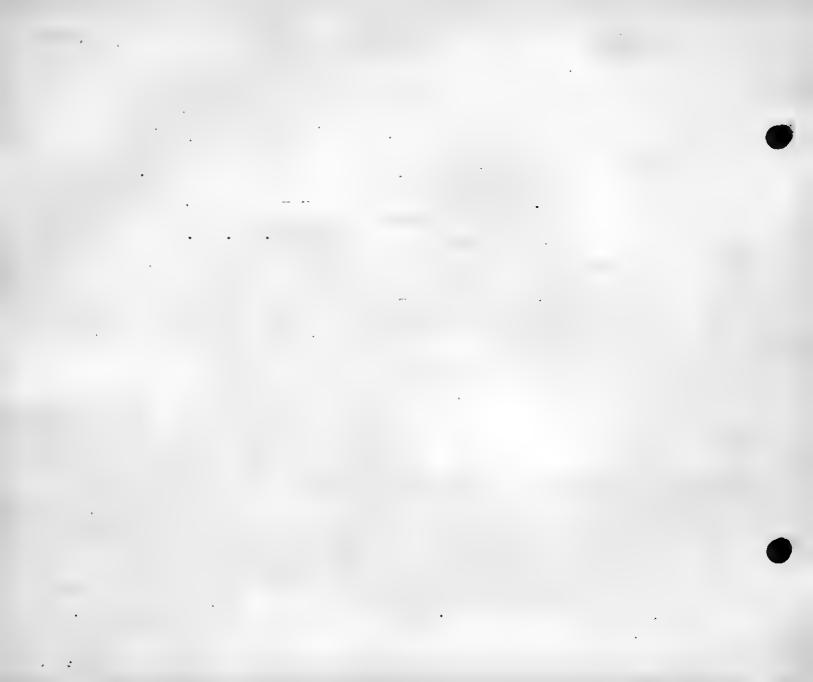


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ie death cei athending p permit. The	1S (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dotes at service)  16. SOCIAL SECURITY NO  17. INFORMANT  LCUIE FSLEY  ABOUE			
requires that the physician. n signed by the burial-transit o burial, cremoti		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a) <u>Clrebrovascular accident Immediat</u> Candiffans, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.  Stating the underlying cause lost.  Was a vascular desease researched.	INTERVAL BETWEEN ONSET AND DEATH		
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NG PHY y the h er this e detac ote Dep	MEDICAL	1 D.M. '/ Fatwark — Olwark — I	unty) (Stote)		
O HOSPITAL OR ATTENDING Poge 4 may be retained by th O FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State			27, that (I) (we) last he date stated abave. ATE SIGNED -20-67		
TO HOSPITAL Poge 4 moy l TO FUNERAL D director, pog should be file		REMOVAL (Specify) 1/23/67 CAK LALL N BALTE AID.	(County) (State)		
VR A15 (4) 20 M 1/66	2	DA FINEPAL DIRECTOR ADDRESS 1.250, REGISTRAR 1.250, REGISTRAR 5.5	arles Judge.		



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Marian	- =°			00405 CERTIFICATE OF DEATH
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	rs af by t Page	urs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)
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	TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the followers, nage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1	, wit	3.	NAME OF First Middle Last 4 DATE Month Day Year DECEASED (Type or print) NORRIS ROBERT RILEY DEATH Jan. 4 167
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	be ex	<u>=</u>	dur	USUAL OCCUPATION (Cive kind of work done Industried)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (County & State, or foreign country)  14. COUNTRY?
	nysic plea	l, an		abinetmaker-Ret. Manufacturing Cb. Balto. Co. Ma.   USA   FATHER'S NAME
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	h cert tendin	or re	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-01-1547 Wife
	death ne afte permit	tion,	_	
	the by ti	еша		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1  PART 1. DEATH WAS CAUSED BY:  (IMMEDIATE CAUSE (a) Or te bush of the second of t
	attending physician. I has been signed by the as the burial-transit	al, c		420.1 DUE TO A
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	OR ATTENDING PHYSICIAN. be retained by the hospital INFECTOR. After this certific 3 should be detached for	it. of	CERT	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTINC   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYS the h this	e Der	MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (County)   factory, street, office bidg., etc.)
	ING by Affer be	State	MEC	p.m. 19 at work at work
	ATTENDING retained by CTOR: After should be	the		21. I certify that (I) (this hospital) attended the deceased from Jan 4, 19.67, to 4, 19.67, that (I) (we) last saw the deceased alive on Jan 4, 19.67, and that death occurred at 2.30 M, from the causes and on the date stated above.
	OR AT be ret DIRECT	Will		22a, SIGNATURE/ 22b. DATE SIGNED
	AL O	<u>∰</u> .		M.D. PHYS.   DIRECTOR L PHYS.
	Page 4 may Frunckal I	d be		22c. PHYSICIAN'S NAME (Type) 1. MHC GREGOR. 22d. ADDRESS ON BUT Baltingre he dical Cent
	Page O FU	nous	232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State)
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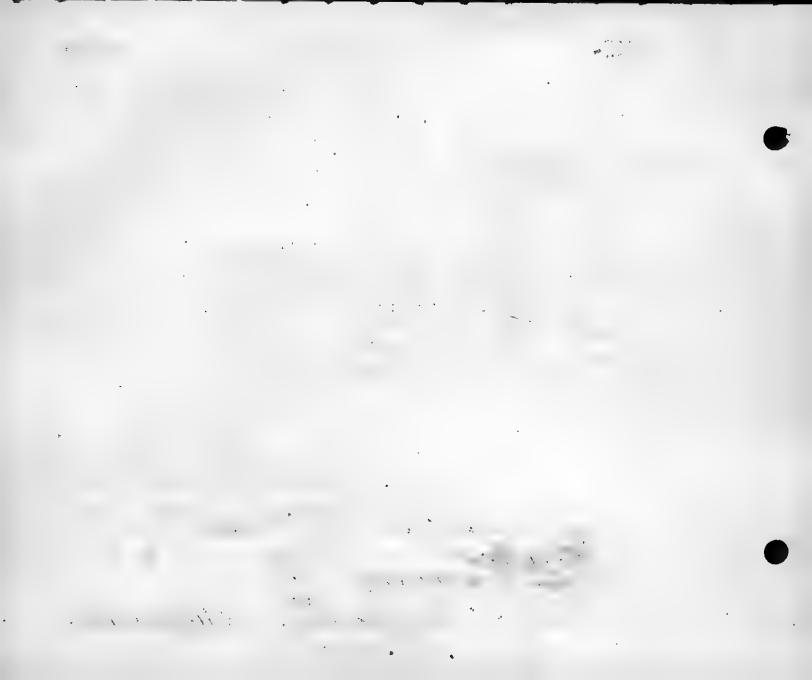


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending Mysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

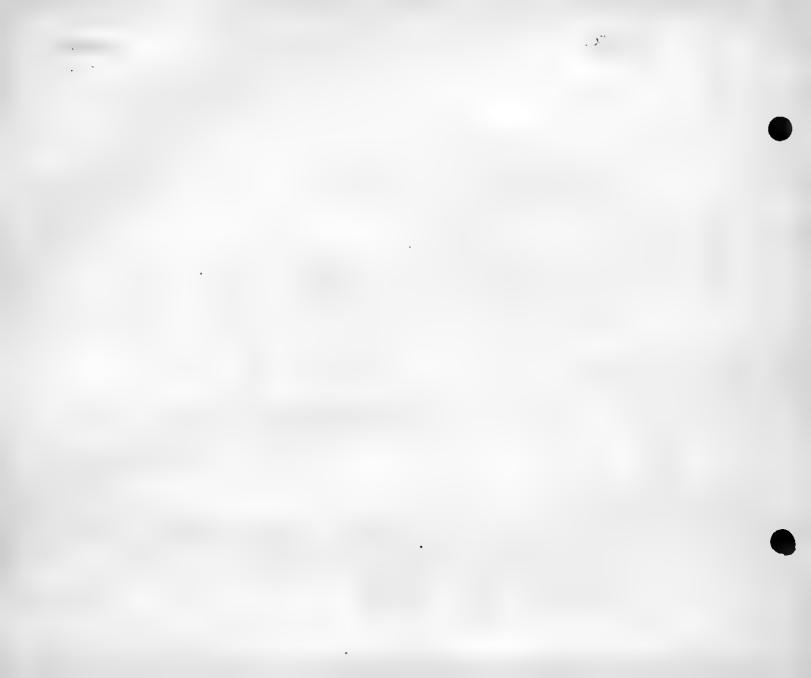
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1	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If Institution: Re	sidence before admission)
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$\vdash$	b. CITY DR TOWN (if outside corporate limits,	MARYLAND . c. LENGTH OF STAY IN 1b	C CITY OF TOWN (18 outside	corporate limits, write RURAL	and also persont town
П	write RURAL and give nearest town)	tt Var	_		3
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	(Type or print) ACOB	EATMOND	PITZMAN DE	ATH TAN.	5 1967
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	M WHITE WIDOW		11/27/15		Days Hours Min.
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-	INSTALLING S	TORM WINDOWS	WITH HITONKIN		.S.A.
۱	S. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	10	
	JACOB IN RI	IT2MAN	CARRIE	ROSS	
$\frac{1}{6}$	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, po, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT /	Address	
1	Ves 42-45	210 165 100	CATTIENTS (')	ART	
=	1/18. CAUSE OF DEATH   Enteromy one cause	per line for (a), (b), and (c), l		11101	INTERVAL BETWEEN
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	cause (a), stating the DUE TO		· ·		
z	underlying cause last. (c)				
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
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19	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
1g	20c. TIME OF INJURY Month, Day, Year   20	Dd. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm,   20f	. (City or town) (Coun	ity) (State)
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ĮΣ		work at work	1	1 74 4	
П	21. I certify that (I) (this hospital) att				Z, that (I) twe last
П		6719.67, and that	death occurred at 115 M		
	22a. SIGNATURE	1	ATTENDING MED.	STAFF rt. #	TE SIGNED
	- Thuller	M.o.	PHYS OIRECTOR	PHYS.	- 5 -6) =
1	NAME (Type) RAM K.	CHHILLAR	22d. ADDRESS		
_	RAM K.	C THIT CEAT			
23	A. BURIAL, CREMATION, 200. DATE THEREOF	23c. NAME OF CEMETERY.	OR CREMATURY 23d.	LOCATION (City, town or cour	nty) (State)
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2	4. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY RE	GISTRAR 256. REGISTRAR'S	
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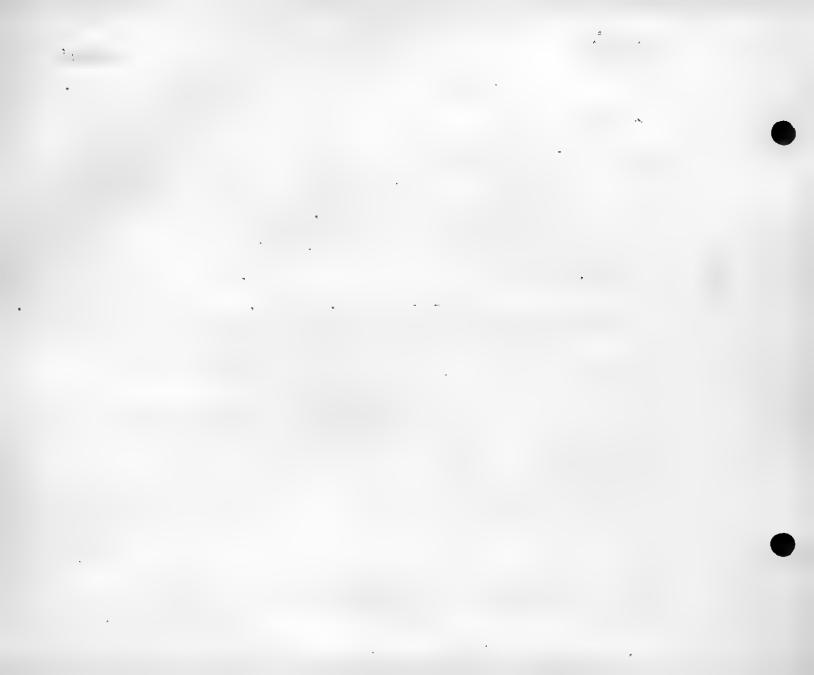


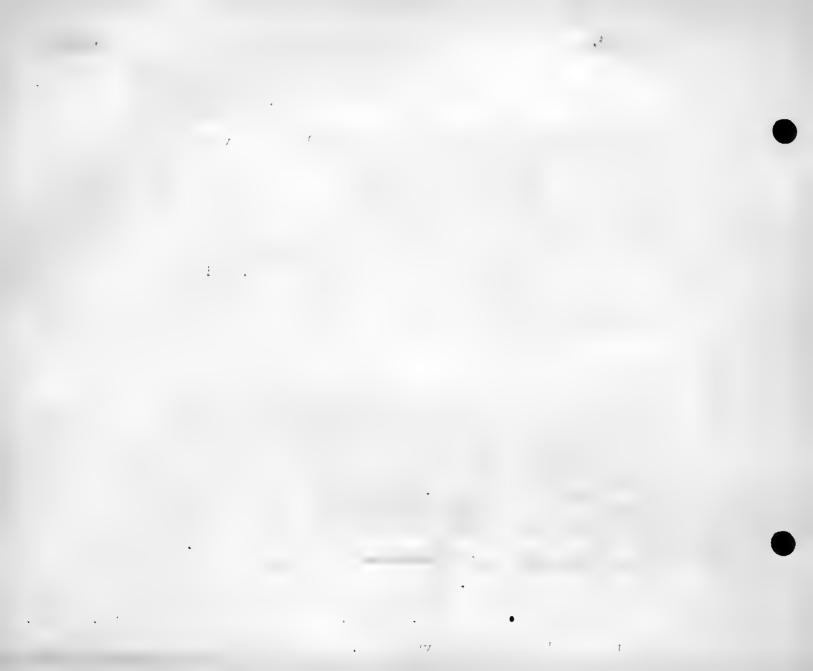
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00404 CERTIFICATE OF DEATH 00407 requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PAINEE PLYIMORE MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest fawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corparate limits COLLEGE COUSVILLE A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS 9005 YES NO TX NAME OF DECEASED (Type or print) Middle DATE DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH DIVORCED WIDOWED 10g USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 17 BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) COUNTRY? INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phountail-tronsit permit. Then ESTELLA.CURTIS HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH HI VOCARDIAL INFARTION IMMEDIATE CAUSE (a) DUE TO GENERALIZED ARTERIOSZKEROSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? DIABETES MELLITUS NO 20p ACC DENT WAS JINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blog , etc.) 19 67 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1-13 1967, and that death accurred at 170M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22o SIGNATURE 22b. DATE SIGNED 1-13-67 M D DIRECTOR director, page 3 should be filed v 22c PHYSICIAN S 22d. ADDRESS GROVE ST. HOSPITAL NAME (Type) 5PRING 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (State) Ft Lincoln Cemetery Colmar Manor Fro Geo Md. Jan 17, 1967 ADDRESS 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00405 CERTIFICATE OF DEATH ease remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Md. Balto. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b Reisterstown Reisterstown B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 452 Main Street 452 Main Street YES [ NO SC Middle 4 DATE 3. NAME OF Lost Month Dov Year First campletely DECEASED L Probertson Max January 10. 19 67 DEATH (Type or pant) IF JNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months birthdovi Dovs Hours Nov. 17, 1885 Male White WIDOWED DIVORCED 10h KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done COUNTRY? ician a during most of working lie, even if ret red)
Retired Builder INDUSTRY Virgînia 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME James A. Robertson James A. Shelton 17 INFORMANT 16 SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 218-32-1197 Reisterstown, Md. Mrs. Martha E. Robertson ь burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per une for (o), (b) and (c) )
PART I, DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o) DHE TO as the I stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use with the State Dept. of Health NO 4 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year Hour a.m. Not While foctory, street, office bldg , etc.) ot work ot work - 194 0 21. I certify that (I) (this haspital) attended the deceased from. shauld saw the deceased alive on 1 900 1807, and that death occurred at 10 M. from causes and an the date stated above 22b., DATE SIGNED 22o. SIGNATUR **ATTENDING** STAFF DIRECTOR M.D. PHYS. PHYS director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S MAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAY, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Pikesville, Md. 7/13.67 Druid Ridge 2So. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1 VR A15 (4) F. Eline & Sons Reisterstown, Md. 20 M 1/66





	1/1/	1/1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BA	
	Z IV	7		TE OF DEATH	00410
ar death	kian and campletely filled in by the funeral Jase remave carban papers Pages 1 and 2 and in any event, within 72 hours after death		PLACE OF DEATH a. COUNTY BALTO, PO. MARYLAND	2. USUAL RESIDENCE (Where de	b. COUNTY
aurs afte	by the Pages		b CHY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 1b write RURAL and give negrest town)	CATONSU	parate limits, write RURAL and give nearest tawn)
in 24 ho	filled in papers hin 72 h	rin	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  SHANG-RI-LA HOME	d STREET ADDRESS 701 DORCHO	STER Rd. PESIDENCE ON A FARM? YES NO P
ed with	pletely f carban ent, with		3. NAME OF DECEASED First B. Middle ROGGER  (Type or print) - LORA B. ROGGER  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Lost 4 DA OF DE	Manth   Day Year     19
execut	ind cam remave any ev		WIDOWED DIVORCED	3/7/72 VII. BIRTHPLACE (County & State of	last birthday) Manths Doys Hours Min
icate be	FINARE .		during most of working [Je, even if retired] (NDUSTRY	NORTH CA	PROLINA COUNTRY?
th certif	C O		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	DOROTHY INFORMANT	HANKINS Address
he dea	permit. In		(Yes, na, or unknown) (If yes give war or dates af service)  1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	VILMA NO	INTERVAL BETWEEN
s that t cian.	signed by the burial-transit p burial, cremati		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	ne heart	Lacher ONSET AND DEATH
<b>D HOSPITAL OR ATTENDING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.	een signed by the burial-tran r ta burial, crer		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		20.JV
: The lar	Jensey Jersey After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	9	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED? YES NO Z
PHYSICIAN: e haspital or	certificat hed far nt. af He		Precumonus  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED		
NG PH	After this I be detact State Dep		Hour a.m. 19 While Not While p.m. 19 at work at work	octory, street, affice bldg , etc.)	Of. (City or town) (County) (State)
ATTENDING etained by th	rok: Af nauld b		21. 1 certify that (1) (this haspital) attended the deceased framsaw the deceased alive an	nat death accurred at 1	A, fram causes and an the date stated above
L OR A	O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		James C. None	M.D PHYS. DIRECTO	R PHYS.   1/1/67
O HOSPITAL Page 4 may	NERAL Itar, pould be	1	22c. PHYSICIAN'S JAMES F. ROWE  23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	CATO	USCATION (City or Town) (County) (State)
-	=	M	BREMOVAL (Specify)  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS	14URC 14 AZ	OWARD Co. Md.
	VR A15 (4) 20 M 1/66		E.S. MACNABB 301 FREDERICK	DATE JAN 9	1967 Juanles Judge





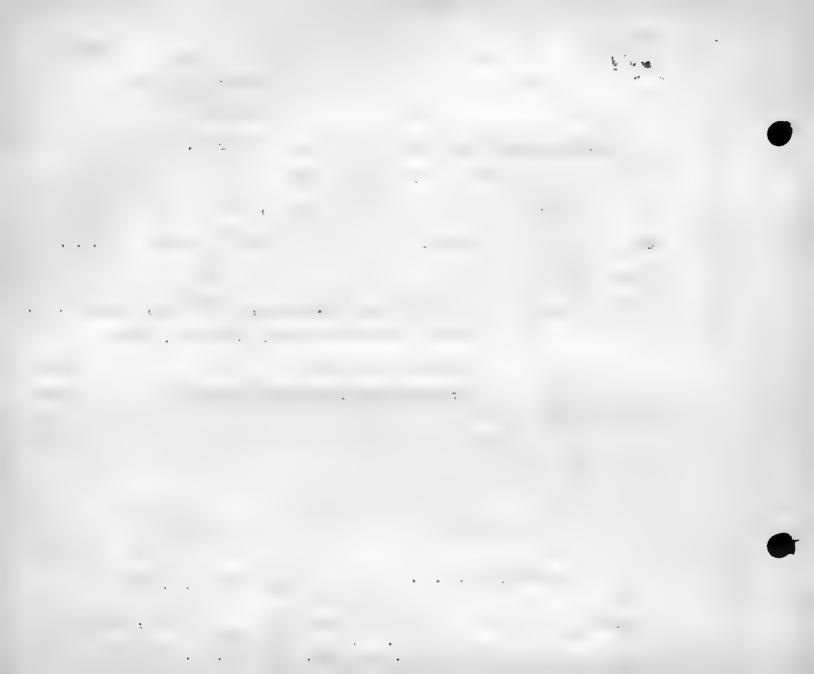
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00409 CERTIFICATE OF DEATH 00412 requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral Vernave carban papers Pages I and J. any event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b.** COUNTY Daltimore MARYLAND Daltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. o wirs. Fikesville o. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENC ON A FARM Chapel Hill Mursing Home, Randell' town 10 Cliveden Road YES NO I 3. NAME OF 4. DATE Lost Month Doy Year DECEASED (Type or print) OF DEATH 19 07 Alexander Romans January IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH AGE (in years IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours White WIDOWED DIVORCED Male Sept. 15.1681 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY signed by the attending physician burial-transit permit. Then pl Retired Contractor-self Maryland G.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remay SCOT Romanis IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Lir. Harry H. Meels, P.O. Dox 87 Glen Durnie INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NÔ TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED . . 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour om. foctory\_street\_office bldg., etc.) Not While ot work 2). I certify that (I) (this hospital) attended the deceased from 12 , and that death occurred at M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D director, page should be filed 22d. ADDRESS PHYSICIAN S N#ME (Type) 23d LOCATION (City or Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) Druid Ridge Cemetery Pikesville 8.Ma. Feb. 2, 1967 /250. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles Indee



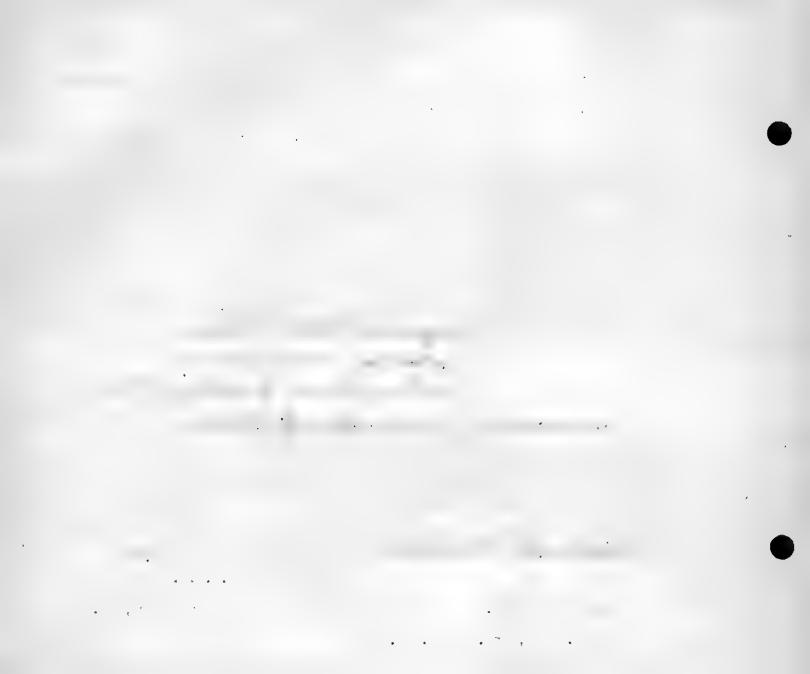
	0410 CERTIFICATE OF DEATH		0413
1.	PLACE OF DEATH  a. COUNTY  Baltimore  b. CITY OR TOWN (if outside corporate limits,  c. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where docessed as STATE Maryland as STATE Maryland corporate limits, and the composition of the control of the contr	b. COUNTY	/
3.	Professional House, Inc.  NAME OF MSSIONAL House, Middle  Baltimore  d. STREET ADDRESS  A STREET ADDRESS  Menlo Driv		a. IS RESIDENC ON A FARM YES NO Year
S.	OF DECEASED (Type or print)  Miriam - Rosenfeld OF DEATH  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AG last	I I I I I I I I I I I I I I I I I I I	.0 1967 AR IF UNDER 24 HRS
10	H' WIDOWED DIVORCED 9/1/7]  B. USUAL OCCUPATION (Give kind of work and during most of working life, evan if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign most of working life, evan if retired)	угз.	N OF WHAT COUNTR
13	Mone Battimore Maryland  FAIHER'S NAME  Michael Rosenfeld  Carolyn Wood	an leldra	USA
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. OF UNKNOWN) (If yes give were or detected service)  18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  Conditions, if any, which gave rise to immediate cause (a), steting the underlying couse last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTIO	Address 3813 Henlo 1	INTERVAL BETWEEN ONSET AND DEATH hours were Knew
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¥	21. I certify that (I) (this hospital) attended the deceased from		
		TAFF	226. DATE
	ATTENDING MED. S	Coveras M.	1-10-67 1/2 MJ



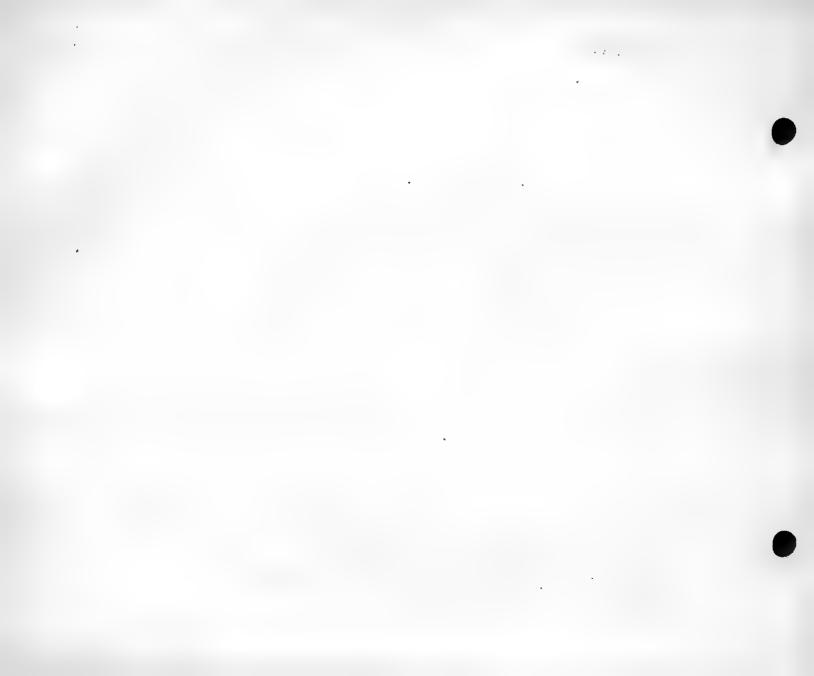
X/. 1	(3)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		00411 CERTIFICATE OF DEATH	00414
er death	I and the death	PLACE OF DEATH  o. COUNTY  BAITIMORE  2 USUAL RESIDENCE (Where deceased lived, if institution on STATE DISTRICT OF COLUMBIA)  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution on STATE DISTRICT OF COLUMBIA)	Residence before gamission)
ours aft	ve carban papers. Pages 1 and event, within 72 haurs after deat	b CITY OR TOWN (If outside corporate limits, write RURAL or FORT HOWARD)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL or FORT HOWARD)  washington  Washington	
in 24 h	papers hin 721	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  VETERANS ADMINISTRATION HOSPITAL  d STREET ADDRESS  1901 16th Street, NW	e. 15 RES DENCE ON A FARM? YES NO
ed with	carban ent, wit	3 NAME OF DECEASED (Type or pnnt) LOUISE VIRGINIA ROSS 4 DATE Month OF DEATH JANUAR  5 SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF RIRTH 19 AGE (In veors 1 If	Doy Year  Y 11 19 67  UNDER 1 YEAR   16 JINDER 24 HRS
execut	any ev	FEMALE NEGRO WIDOWED DIVORCED AUGUST 30, 1919 45 brithdoy) M.	onths Doys Hours Min
ate be	lease r and in	100 JSJAL OCCUPATION (Give kind of work done dying most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  INDUSTRY  SCHOOL  LEXINGTON, VIRGINIA	12 CITIZEN OF WHAT COUNTRY?
ertific	naval,	13. FATHER'S NAME  NAME UNKNOWN  14. MOTHER'S MAIDEN NAME  CARRIE ROSS	
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the outending physician and campletely filled in by the funeral	steppinit. Then please remove carban pape and arremaval, and in any event, within 72	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) YES PL 28 16. SOCIAL SECURITY NO. 227 14 23 02 CLIN.RECORDS, VA HOSPITAL, FT	
hat the n.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART 1 DEATH WAS CAUSED BY.  RUPTURE OF ANEURYSM OF LEFT VENTRICLE, ACUT.	INTERVAL BETWEEN ONSET AND DEATH
equires the physician. signed by	burial, cre	Conditions, if ony, which gove ) (b) MYOCARDIAL INFARCTION	RECENT
The law requires the attending physician, has been signed by	e as the bu	rise to immediate couse (a), stating the underlying couse (b) (c) ARTERIOSCLEROTIC CORONARY THROMBOSIS	RECENT
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been	nse /	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES [K] NO [
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate		200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 TIME OF INJURY Month, Doy, Year Hour om.  202 NINJURY OCCURRED ACCIDENT WAS UNDERLYING  203 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)  204 INJURY OCCURRED ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 TIME OF INJURY Month, Doy, Year Hour om.  206 INJURY OCCURRED ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  207 TIME OF INJURY Month, Doy, Year Hour om.	
VG PHY	detached	20c. TIME OF INJURY Month, Doy, Year Hour o m. p.m. 19 20d INJURY OCCURRED At Mile of work of	(County) (State)
OR ATTENDING De retained by the	s should be owith the State	sow the deceased alive an 1/11/67 19 , and that death accurred at 11:50PMom causes and	
OR AT	m >	There I was an ATTENDING MED DIRECTOR DIRECTOR PHYS. DE	22b. DATE SIGNED 1/12/67
TO HOSPITAL Page 4 may	director, page shauld be filed	22c. PHYSICIAM'S NAME (Type) GEORGE DUDAS, M. D. 22d ADDRESS VAH FORT HOWARD, MARY	LAND
HO HO GO FUN	direct shaul	230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) REPRIAT: BAITIMORE MATTONAL BAITIMORE.	(County) (Stote)
VR AT	Aust	24. HUNERAL DIRECTOR COVERED TRVIN P. CARROLL FUNERAL HOMEN 16 1967	RAP LEGNATURE JUNES



	DIVISION OF STATISTICA	MARYLAND STATE DE AL RESEARCH AND RECORDS	PARTMENT OF HEALTH	RALTIMODE 1 MARYLAND
1,224.	00412	CERTIFICAT		00415
be executed within 24 hours after death, stock and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death.	3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7  10a. USUAL OCCUPATION (Give kind of work doduring most of working life, even if retired)	MARYLAND  Imits, c. LENGTH OF STAY IN 1b  21)  (if not in hospital, give street address)  t Middle  C. R. H. A.  MARRIED NEVER MARRIED WIDOWED DIVORCED	2. USUAL RESIDENCE (Where decease a, STATE)  c. CITY OR TOWN (If outside corporate of the c	d lived, if institution: Residence before admission b. COUNTY  ate limits, write RURAL and give nearest town)    0. IS RESIDENCE ON A FARM?   YES NO   NO     Month Day Year   19     GE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS st birthday)   Months Days   Hours Min.
The law requires that the death certificat for attending physician. Cate has been signed by the attending to ruse as the burial-transit permit. Then pleatth prior to burial, cremation, or removat.	13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, sor Junkown) (If yes give war or dates of some part I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINE	cause per line for (a), (b), and (c). ]  congestive to con	14. MOTHER'S MAIDEN NAME  ? Sussex INFORMANT  PATIENTS  Leart Falure  Lusi Endurose  TED TO THE TERMINAL DISEASE CONDITION  A CONTROL OF CONTROL  TO THE TERMINAL DISEASE CONDITION  A CONTROL OF CONTROL  TO THE TERMINAL DISEASE CONDITION  A CONTROL OF CONTROL  TO THE TERMINAL DISEASE CONDITION  T	PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or a TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health	20c. TIME OF INJURY Month, Day, Ye Hour a.m. p.m. 19  21. I certify that (I) (this hospit saw the deceased alive on 226. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 1/30/67	ar 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20e. PLA factor 20d. Injury 20d. PLA factor 20d. Injury 20d. PLA factor 20d. Injury 20d.	ry, street, office bldg., etc.)  , 19 , to , t death occurred at , M, from , ATTENDING	y or town) (County) (State)  , 19, that (I) (we) last the causes and on the date stated above 22b. DATE SIGNED STAFF PHYS.   1 25 67.
VR A15 (4)	Decitate of week, 17.	ic. Darco, rid. 21214	DATE JAN 26 1	961 juarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00413 00416 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before pain ssign) a. COUNTY a STATE b. COUNTY Baltimore Maryland Baltimore after death. MARYLAND deloy and 3 t b C TY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CTY OR TOWN (If autside carparate + m ts, write RURAL and give nearest tawn) 2, u. P.M3 and write RuRAL and give nearest tawn) Lansdowne Lansdowne d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 9 IS RESIDENCE ON A FARM? form R. 72 Indurs in Item 18, Give Poges 1, 236 Second Avenue 236 Second Avenue YES NO X hours after death d'pending' in pencil in Item 18. Give Pog Chief Medical Exominer's Office along with 3 NAME OF First Middle 4. DATE Last Manth January 25, DECEASED 67 SR. ELMER C. RUSSELL (Type or print) 19 DEATH ¥: × S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthday) Male Manths Days Haurs 6-27-1894 White pages land2 v WIDOWFD DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Auditor INDUSTRY B & O RR Penna. pencil 1 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Charles Russell ond Margaret IS WAS DECEASED EVER NO.S ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit or removal, Mrs. Blanche C. Russell, 236 Second Ave. 18. CAUSE OF DEATH (Enter only one cause per Juge for (a); (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should e, writing the word forworded to the Ch 40001 cremation, DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause used os buriol, 1 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPS PERFORMED? please execute the certificate, NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Port II of item 1B) PRIMARY ar CONTRIBUTING **CAUSE OF DEATH** 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory street, office bldg , etc.) moy be retained for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion death resulted fram-Natural causes Accident Suricide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 506 10.212 2 BEPUTY MEDICAL EXAMINER 4 Francia ano EXAMINER'S 5 moy 70 FUNE Heolth NAME (Type) Address (Street, city, town, or county) eder1 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) Meadowridge Cemetery Howard County, Maryland 1-28-1967 ADDRESS 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATSME (5) DATE JAN 1967 Howard H. Hubbard, 4107 Wilkens Ave. 21229 6M 1/66



VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00418 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Base remave carban papers. Pages and and and in any event, within 72 haurs after deat PLACE OF DEATH b. COUNTY a. COUNTY Baltimore Maryland Baltimore after MARYLAND dan and campletely filled in by the Base remave carban papers. Pages b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest lawn) c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 24 haurs Owings Mills
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Randallstown IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO ⋤ 6905 Windsor Mill Road Rosewood State Hospital The law requires that the death certificate be executed within 4 DATE Month 3 NAME OF Middle Last Day Year DECEASED January 22, 19 (Type ar pont) SAWYER DEATH Robert Mitchell [ ] DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last buthday) Days Hours 5-9-41 WIDOWED DIVORCED White Male 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane 11, BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of warking life, even if retired)

Dependent INDUSTRY Baltimore, Maryland U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Renzy Mitchell Sawyer Stella Frances Phelps IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) burial-transit permit burial, cremation, an Rosewood Records. Owings Mills. Md. none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO far use as the b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO town 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or lown) (County) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram. 2-27, 1962, to 1-22, 1967, that (1) (we) last 22 1967, and that death accurred at 5.30M, from causes and on the date stated above. saw the deceased alive an-22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS **ATTENDING** M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S BELCREST BELAIR NAME (Type) 32/director, g 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Lown) 23b. DATE THEREOF (Caunty) 23g BURIAL CREMATION REMOVAL (Specify) sared 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 21217



WAR LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00419 CERTIFICATE OF DEATH and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. eg. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and burial, crematian, ar removal food whony event, within 72 hours after years PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Baltimore b COUNTY MarvLand **MARYLAND** c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 21214 Baltimore Powson d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS e +S RESIDENCE ON A FARM? 1806 Heathfield Road NO Joseph Hospital 3 NAME OF Middle 4. DATE Month Eirst Lost Year DECEASED SCHOBER 11 Mary M. January 盐 67 19 (Type or print) DEATH 5 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) 9-10-83 r'emale hite WIDOWED A DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY?U.S.A. during most of working life, even if retired) INDUSTRY Homemaker Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Kraus Wilheminia Brauch IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Mrs. C. Loretta Link I806 Heathfield Balto. 216 07 2262 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) ONSET AND DEATH PART I. DEATH WAS CALSED BY Myocardial Ischemia - Coronary arteriosclerosis IMMEDIATE CAUSE (o). TO HOSPITAL OR ATTENDING PHTSICIAM: 1115 TO THE Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use as the burial-transhuld be filed with the State Dept. af Health priar ta burial, cre-DUE TO Arterial Embolism Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES Cholecystectomy - Exploration of Common Bile Duct 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg, etc.) of work 2], I certify that (I) (this haspital) attended the deceased fram Dec. 50th, 196, ta Jan, 11 th19 67, that (I) (we) last Jan.11 \$ 1967, and that death accurred at 4:05 M, from causes and an the date stated above. saw the deceased alive an\_ 22n SIGNATURE 22b. DATE SIGNED MED. DIRECTOR Jan. 114 1967 ATTENDING M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Roberto O. Ferrer M.D. 7620 York Road. Towson 21204. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR, AL, CREMATION, 23b. DATE THEREOF (Stote) THEMOVAL Specify) I/I4/67 Holy Redeemer Cem. Balto. Md REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission. e. COUNTY 6 COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate I m./s, c. CITY OR TOWN (If outside corporate limits, write RURAL and give n arest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Baltimore Towson d NAME OF HOSPITAL OR INSTITUTION , I no in hospital, give stree address d STREET ADDRESS ON A FARM? St. Joseph's Hospital 6207 Marglen Avenue T NO/T 3. NAME OF DATE Midd Month Year DECEASED OF (Type or print) Rose DEATH Schonhoff Jan. 67 19 5. SEX 6 COLOR OR RACE, 7. MARRIED THEYER MARRIED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUS NESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? during most of working I fe, even if retired) Baltimore, 11d. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Mc ou Katherine Goob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 (Yes, no, or unkown) (If yes give wer or detes of service) Mrs. Mary (. Thomas - 6207 Marglenn Avenue 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. EMBOLISM IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (State) fectory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy inspection 2 Inquiry 4 and in my opinion Su cide [ death resulted from. Natural causes Appent Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE REMOVAL (Specify) Baltimore, Maryland Parkwood (emetery Bunza. 23. FUNERAL DIRECTOR VR A15ME Uer In•-6415 Belair Rd.-21206 5M 1/62



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		00418	CERTIFICATE	OF DEATH	0043	21
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital or attending physician. The certificate has been signed by the attending physician and a photeleter filled in by the funeral stacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death	1	PLACE OF DEATH OCUMPY ALTIMORE	MARYLAND	O. STAKEAARY	/	by hantalines !
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ted within pletely fi carbon prent, with	3	NAME OF DECEASED (Type or print)  NAME OF First DO H / / /		CHULFR	DATE Month OF DEATH	Day Year 19 6 7
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SICIAN spital o ertificat ed far ed far	CERTIFICATION	20₀ ACCIDENT WAS UNDERLYING ☐ 20₺ DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Por	rt I or Port II of item 18.)	
DING PHYSIC by the haspi ffer this certi be detached State Dept. at	MEDICAL		Not While focto	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f (City or town) (Cot	unty) (State)
DDING J by After J be	L	21   certify that (1) (this hasnital) attend	led the deceased from	1-15-67,19	10//9/67, 19	, that (I) (we) last
OR: OR:		saw the deceased alive on 1-17-	<u>2 19, and that</u>	t death accurred at/		
OR ATTENDING or retained by the sirector: After the and should be de ed with the State	L	220 SIGNATURE Xangelina Xas	nos/Oman	ATTENDING DI	ED. STAFF D	ATE SIGNED
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22c. PHYSICIAN'S EVANGELINA	RAM OS	22d. ADDRESS		
10SF JUNE UNE	23	BURIAL, CREMATION, 23b. DATE THEREOF 21 Jan 1967	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
5 5 5 Fig. V	_		Baltimore Na		Baltimore, Maryl	
VR A15 (4)		4. FUNERAL DIRECTOR George J. Gonce-4001 Ritch	ADDRESS ie Høwv. Balti	more DATE J	TY REGISTRAR 256 REGISTRARS S	when Judge
20 M 1/66	1		TO P. 1. 2 2 2 2 C. T. C. T.	DAIL J	אוז גוט ועטו	Y // //



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		PLACE OF DEATH					2 USUAL RESIDEN	NCE (Whe	ere deceased h	ved, if institut	on-Resident	te before admis	sion)
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	S.		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AG	E (In years st birthday)	Months	Doys Hours	ER 24 HRS
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	10o	SUAL OCCUPATION  Ing most of working	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (Co	,	_		12 (11	ZEN OF WHAT	
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	13.	FATHER'S NAME					14. MOTHER'S MAI	IDEN NAA	WE				
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		WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO	17. 1	FORMANT			Addre	SS		
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		18. CAUSE OF DE	ATH (Enter only one cou	se per line for			0. 1		1	4.		NTERVAL B	ETWEEN
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	ð		MED (AL EXAMINER)  JRY Month, Doy, Year	204 18	HURY OCCURRED 2	ne Piar	E OF INJURY (Home	form	20f (C)	'y or town)	ff.ns	.nty)	(Stote)
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		22c, PHYSICIAN'S	may 100	3/-000		m.u	22d. ADDRESS				11 '		
8		NAME (Type)	DR. STANI	FV D	STEINBACH			11	SLA	7) €	AUENI	iE.	
4	230	. BUR AL, CREMAT C			23c. NAME OF CEMETI	FPY OP (	PEMATORY	1		ON (City or To	wn)	(County)	(Stofe)
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	5	OF FEATUR	SUN & DKUS.	LIVUOS	OOLO VETOL	I'm I family I	DATE			1	II.		V

THENTELLA DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages In and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after decay.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifity

Page 4 may be retained by the haspital ar attending physician.

be executed within 24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00420 CERTIFICATE OF DEATH 00423 10 death? The law requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral nove carban papers. Pages 1 and y event, within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE Baltimore Maryland MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Catonsville 10mth27dvs Baltimore 3h. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3024 Fifth Avenue GROVE STATE HOSPITAL SPRING YES NO 3. NAME OF First 4. DATE Middle Last Month DECEASED 10 19 67 Natalie Serovy January (Type or print) IF UNDER 1 YEAR SEX AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove last birthdoy) Manths Doys Hours October 2, 1910 WIDOWED DIVORCED female white Aysician and c 10o. USUA, OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? housewile Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vearlie Londell Frank Azymanski IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give war ar dotes af service) **16 SOCIAL SECURITY NO** 17. INFORMANT Address signed by the attend burial-transit permit 176-09-8175 SPRING STATE Records: GROVE HOSPITAI 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pneumonia attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the Health priar ta (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pick's Disease NO 30 200 ACCIDENT WAS JNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work 00 to 21. I certify that \*() (this hospital) attended the deceased fram leb. Jan. 10, 1967, that (% (we) last saw the deceased alive an Jan. 10 1967 and that death accurred at M. fram causes and an the date stated above. 22g SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF 1-10-67 M.D director, page 3 shauld be filed 22d. ADDRESS SPRING GROVE STATE 22c Physician's HOSPITAL NAME (Type) Young, Anthony Maryland 23b DATE THEREOF 23d LOCATION (City or Town) (County) 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (Stote) FUNERAL DIRECTOR REGISTRAR'S VR A15 (4) 20 M 1/66 DATE I A N



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00421 00424 CERTIFICATE OF DEATH **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. o. COUNTY a. STATE Maryland b. COUNTY Baltimore MARYLAND iely filled in by the fu bon papers. Pages within 72 hours afte b (ITY OR TOWN (If outside corporate limits, write RI(RAL and give negrest town)

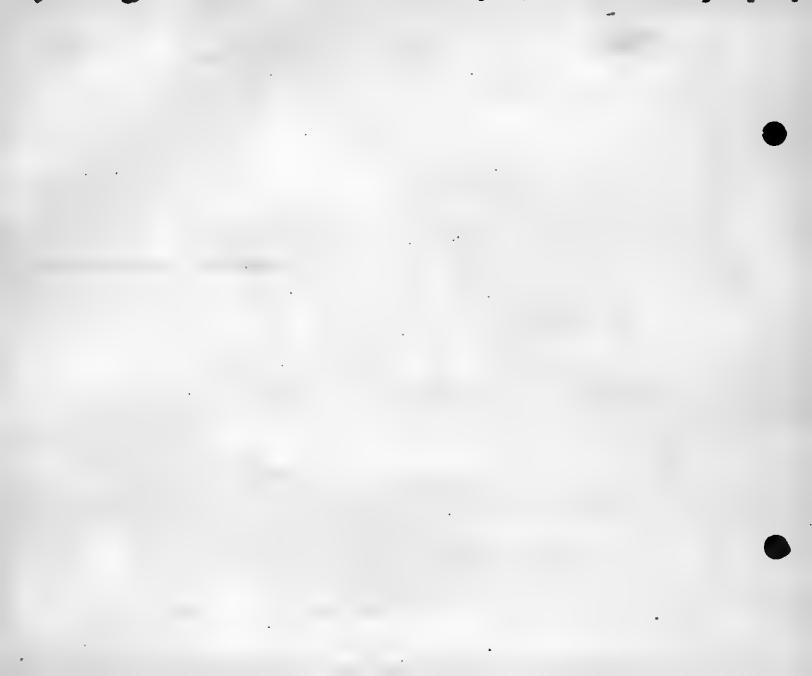
Catonsville c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 405 Swann Avenue Summit Nursing Home NO TA YES NAME OF Middle DATE Manth pou Lost Day Year DECEASED (Type or print) 1967 TRENE M. SESSIONS 29, January remove car S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE fin years IF UNDER I YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Haurs 6-24- 1888 Female White and in any WIDOWED DIVORCED 9 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal phy БП Caroline Blaney Henry Hellmann signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Miss Mary Louise Sessions, 405 Swann Ave. crematian, 18. CAUSE OF DEATH (Enter only one couse per/line to/ (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise ta immediate couse (a), DUE TO ed far use as the l stating the underlying cause has been last. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO A certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF NJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City at tawn) (County) (State) Hour 'a.m. factory, street, affice bldg., etc.) While Not While at wark 1454 19 1967, that (1) (www.les 21 I certify that (I) (this haspital) attended the deceased fram\_ 19.6. and that death accurred at 2.15 PM, from causes and an the date stated above saw the deceased alive an. FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Dr. John C. Healy NAME (Type) 1311 Francis Avenue, Balto., Md. 23a BLRIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) REMOVAL (Specify)
Burial Baltimore County, Maryland 2- 1-1967 Druid Ridge Cemetery 2 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25o, REC'D BY REGISTRAR 1967 Howard H. Hubbard, 4107 Wilkens Ave. 21229



15	1 (1)	1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00422 CERTIFICATE OF DEATH	
death.	funer and 2 death		PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add a. COUNTY  a. STATE  b. COUNTY	mission.
after	ges 1 after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLANO  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	( town)
24 hours after death	s. Pa		BALTIMORE / CANS ANNANCALE	
	/ fillec paper hin 72	56	Freater Baltimore Medical Conter 6922 terrace Pl. VES VES	DENCE ARM? NO
withir	mletmiy arbon nt, wit		NAME OF First Middle Last 4. DATE Month Oay Year DECEASED (Type or print) CUARNER CONNELLOUS SHIPE DEATH TAN. 5 196	17
certificate be executed within	ttending physician and completary filled in by the fift. Then please remove carbon papers. Pages 1 or removal, and in any event, within 72 hours after		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 YEAR) IF UNDER 1 YEAR IF UNDER 1 Y	
e e e	se rer Id in a		a. USUAL OCCUPATION (Give kind of workdone libb. KIND OF BUSINESS OR liyoustry)  11. BIRTHPLACE (County & State, of fereign country)  12. CITIZEN OF WHAT COUNTRY?	
cate	the tending physician permit. Then please a ation, or removal, and in		NIGHT HANDAJEGUITI WARSHW, VINGINIA CISTA	
certif	nding The remo		WALVER Deffee  5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
death	on, or it		es, no, or unkown) (If yes give war or dates of service) 2/2-30-1230 Patient's Chart	
t the	Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ettend director, page 3 should be detached for use as the burial-transit perinit should be filed with the State Dept. of Health prior to burial, cremation, or n		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  JCUTE  REVAL  FAIL URE  INTERVAL BET  ONSET AND D	WEEN
es tha	hysici signed urial-tr urial, (		Conditions If any which ) DUE TO A TE CONTROL A LONDON SE DE	5
reguir	ding property the borrow		gave rise to Immediate cause (a), stating the DUE TO	
e aw	atten e has ise as ith prid		underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORM. PERFORM	DPSY MED?
AN. T	rtifical rtifical for u	4	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	NO 🔲
YSIC	e hosp his cer tacher Dept. o		(IF EITHER, NOTIFY MEDICAL EXAMINER)	ate)
5	be de State		Hour a.m. While Not While p.m. 19 at work at work factory, street, office bldg., etc.)	
TEND	tained TOR: A should th the		21. I certify that (I) (this hospital) attended the deceased from \$200.29%, 1966, to \$40.5%, 1967, that (I) (we saw the deceased alive on \$40.5%, 1967, and that death occurred at 5.30%, from the causes and on the date stated	e) last above
08 4	DIRECTOR SECTION OF THE PROPERTY OF THE PROPER		22a. SIGNATURE 22b. DATE SIGNED  M.O. PHYS.   MEO. STAFF   Your. 5 H. / 4	367
PITAL	4 may IERAL tor, pa	2000	22c. PHYSICIAN'S NAME (Type) MACGREGOR, With Balking we dread Cen	tho
OH 0.	Page O FUN direct shoulk		BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ite)
	·		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	R A15 (4) OM 1/65		J. Theriphy HR/ington, U.A. DATE JAN 11 1967 (Cliarles Just	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 00426 funeral and 2 death, death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALTIMORE ~ ₩ hours after MARYLANO ysician and completely filled in by the please remove carbon papers. Pages I, and in any event, within 72 hours afti. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS IS RESIDENCE 24 ON A FARM? No X executed within 3. NAME OF Middle Last DATE Year DECEASED EDMUND SHA-W 25 1967 (Type or print) DEATH JANUARY 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 969. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. WIDOWEO [ OIVORCED | 70 Yrs. 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) **JNDUSTRY** USA "UKNI  $\mathcal{P}_{\mathcal{A}}$ RETD, FURNITURE SALESMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ed by the attent transit permit cremation, or r 17. INFORMANT (Yes, no, or unkown) [(If yes give war or dates of service) 213-10-5760 Men Catherine 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the the burial-transit ONSET AND OEATH PART I. DEATH WAS CAUSED BY: BRONCHO PNEUMONIA the hospital or attending physician. IMMEDIATE CAUSE (a) burial-ti burial, DUE TO ONE WEEK INFARCTION CEREBRAL Cenditions, if any, which (b) gave rise to immediate 라유 **OUE TO** (a), stating the CARDIOVASCULAR DISEASE FUNERAL DIRECTOR: After this certificate has by irector, page 3 should be detached for use as through be filed with the State Dept. of Health prior ARTERIOSCLEROTIC underlying cause last. (0) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO [ 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work p.m. at work OR ATTENDIN 12 - 28 -. 1966 to 1 - 25 - 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 12:30 PM, from the causes and on the date stated above. saw the deceased alive on 1967 22a. SIGNATURE 22b. DATE SIGNED 4 may M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADORESS director, p should be BALTIMORE GREATER TOWSON 23a. BURIAL, CREMATION 23d LOCATION (City, town or county) 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) EMOVAL (Specify) 10 FUNERAL DIRECTOR REC'O BY REGISTRAR ! 256. AODRESS REGISTRAR'S SIGNATURE VR A15 (4) 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
ಕ (ಹೆಸಕ)	CERTIFICATE OF DEATH	00427
he funeral s I and 2: ter death.	1. PLACE DF DEATH a. COUNTY B. COUNTY MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Resider b. COUNTY ALT	nce before admission)
and certificate be executed within 24 nours after deam attending physician and completely filled in by the funeral rimit. Then please remove carbon papers. Pages 1, and 1, or removal, and in any event, within 72 hours after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and BALTY OR TOWN (If	WE !
nding physician and completely filled then please remove carbon paper removal, and in any event, within 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  MARGINE DO HOSPITAL OR INSTITUTION (if not in hospital, give street address)  A HILLSIDE OVE	e. IS RESIDENCE ON A FARM? YES NO 2
remove carbon p any event, withi	3. NAME OF First Middle Last 4. DATE Month DE DECEASED	ay Year
vent,	5. SEX   6. COLOR OR RACE   7 MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH   19. AGE (IN YEARS LIFTUNDER LYES	3 19 67 AR JIF UNDER 24 HRS.
any e	M CAU WIDOWED DIVORCED 6-7-1896 TO yrs. Months Days	
l, and in	OILER - RETIRED H.T. CAMPBELL CORP. BALT: MORE Md.	RY?
ing pl Then smova	George H. Shack DARKS REBECCA PAR	'K5
permit. tion, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes pive war or dates of service) 216-07-2001 FAMILY RECERDS	
thas been signed by the aft e as the burial-transit permi h prior to burial, cremation, o	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cardio reservation  Failure	TERVAL BETWEEN NSET AND DEATH
n signe burial-i burial,	Conditions, If any, which gave rise to immediate (b)	
prior to	cause (a), stating the underlying cause last.  DUE TO  (c) Carchina () bladde	
id integril bi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
te Dept. of P		
State De	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   20f. (City or town) (County)   factory, street, office bldg., etc.)	(State)
D as		
KAL DIKEL r, page 3 be filed wi	22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF PHYS DIRECTOR PHYS DI	15 1967
no nostriat on Allen Pege 4 may be retaine TO FUNERAL DIRECTOR. director, page 3 shoul should be filed with the	23a. BURIAL, CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY OR GREMATORY   23d. LOCATION (City, town or county)	(State)
,1 (	EURIAL WAN-26, 1967 SATERS CEMETERY LITHERVILLE WIN  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR'S SIGN	KYHAD WIUR udge
151	John Dunie Ann, 10000 1600. DATE JA. 31 1001	

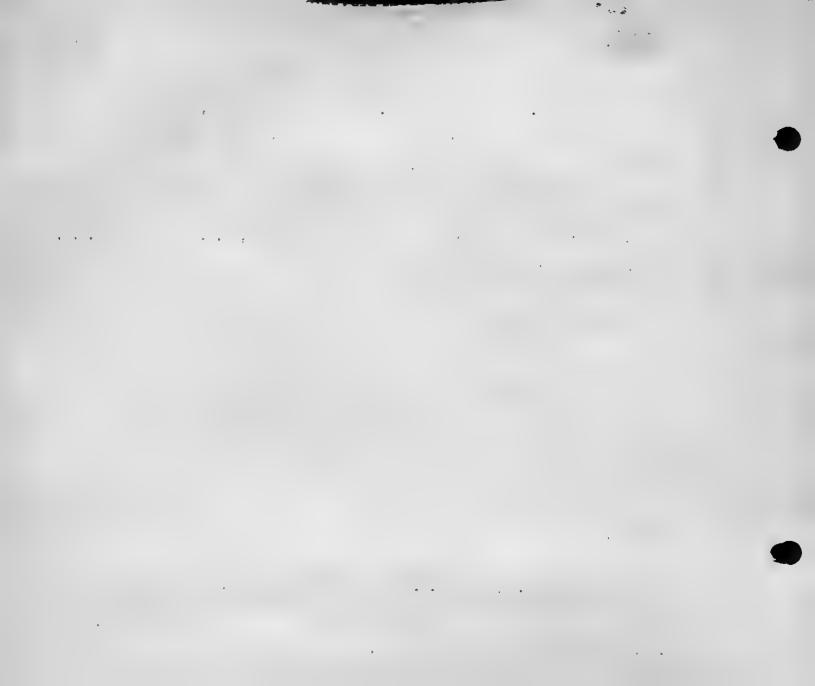


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00425 CERTIFICATE OF DEATH 00428 the attending physician and campletely filled in by the funeral ssit permit. Then please remave carban papers. Pages 1 and 2 matian, ar remaval, and in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate irmits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) Lansdowne 3 days Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 339 Fifth Avenue SPRING STATE HOSPITAL GROVE YES | NO 3 NAME OF Middle Lost 4 DATE First Month Doy Year DECEASED OF DEATH Berlie M. Shrieves January 13 67 (Type or print) YEAR 8 DATE OF BIRTH 9 AGE (in years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 63day) Months Haurs Nov. 3, 1903 XXX white WIDOWED DIVORCED male 10a USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & Sto or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Virginia laborer
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Turner Alfred Shrieves IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknawn) ((If yes give war or dates af service) 215-09-4735 SPRING Records: GROVE STATE NYERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which cave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use NO S Generalized and cerebral arterios clerosis - Chronic alcoholism 20g ACC DENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Haur o m. factory, street, affice bldg . etc ) Nat While at work at work shauld 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR ATTENDING 1-13-67 M.D. director, page shauld be filed 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Maryland 1-16-1967 Burial 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milianley VR A15 [4] 1967 Howard H. Hubbard, 4107 Wilkens Ave. 21229

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECOR W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 00430 funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Baltimore Prince George Maryland MARYLAND deat pue b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 24 Pages 1 urs affer Hyattsville, Maryland 15 yrs. Owings Mills within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Rosewood State Hospital 2002 Ruxton Street YES NO X completely papers. 3. NAME OF 4. DATE Middle Dey Year DECEASED OF (Type or print) Alice DEATH SIMONS 28 1967 within Janet carbon DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR and last birthdey) Months Hours event, Female WIDOWED [ DIVORCED certificate attending physician remove 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired any U.S.A. Washington, D.C. dependent none please I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Patricia Jane Pratt Howard Julian Simons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) (If yes give wer or dates of service). Rosewood Records, Owings Mills, Maryland none the permit. INTERVAL BETWEEN ONSET AND DEATH attending physician. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). has been signed by 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) burial-transit Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stelling the underlying burial, the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. AS AUTOPSY CERTIFICATION S 2 PERFORMED? YES 🗶 NO T 039 200. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While ō et work et work p.m. saw the deceased alive on 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR death. Rage 4 PHYS. PHYS. TO FUNERAL director, page 5 be filed with th urre M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type Rosewood Lane, Owings Mills, Maryland Harry G. Butler. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Roswwood Cemetery Owings Mills. Md. 250. REC'D BY REGISTRAR 256. REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Eline & Sons Reisterstown. Md. DATE 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -00429CERTIFICATE OF DEATH 00432 requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral laye carban papers. Pages 1 and ly event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY **Paltimore** b. COUNTY Baltimore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, Write RURAL and give negrest fown) Perry Hall d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4018 Ylausmier Road Klausmier Road NO 🗔 3. NAME OF Middle 4. DATE First Lost Month Doy Year **DECEASED** JOHN W. SMI TH an 190 DEATH (Type or print) 9 AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost bigthdoy) Months Hours Dec. 22, 1902 male white WIDOWED 100 USUAL OCCUPATION (Give kind of work done during most of work ng life, even if refired)
Insurance agent 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya Albert J. Smith. Sr. Katherine Busky signed by the attending p burial-transit permit. Then a burial, crematian, ar remay 16. SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS OFCEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Mrs Marie F Smith 4018 Klausmier Rd 212-07-2939 INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (c) BUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta last. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work at work deceased from 5,17 deceased from 5,1967, that (1) (we) lost 1967, and that death occurred at 9,50 M, from causes and on the date stated above , 1967, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from Service Page 4 may be retained director, page 3 shauld should be filed with the sow the deceased alive on \_ dans 22b. DATE SIGNED 22à ( SIGNATURE Dan slas dickard MED. DIRECTOR STAFF PHYS. ATTENDING M.D. -22c. PHYSICIAN'S Cockey's Mill Rd; Br. Douglas Lockard NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b. DATE THEREOF (County) 23o. BURIAL CREMATION REMOVAL (Spacify) 1/5/67 New Cathedral Baltimore, Md 25o. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck. Inc. - Baltimore, Md. 1961



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00433 00430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o COUNTY a STATE b. (OUNTY 0 <u>a</u>t death. Baltimore MARY, AND Maryland Anne Arundel partment b CTY OR TOWN (If outside carporate imits CLENGTH OF STAY IN 1b. c. CTY OR TOWN (if outside corporate imits write RURA, and give nearest tawn) and P.M3. write RURAL and give negrest town) after ( Manhatten Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rd. a hours Office alang with farm Benson Ave. & Beltway Overpass Item 18. Give Pages Lanyane Apts, Diving & Community YES NO F 24 haurs after death 3 NAME OF with the Sto within 72 I First A DATE Lost Year DECEASED PAUL WILLIAM SMITH (Type or print) DEATH 19 67 with t S SEX 6. COLOR OR RACE 7 MARRIED TO DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED 6/27/44 last birthdoy) Manths Dovs Haurs WIDOWED DIVORCED Male White event 22 cN. and 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10b 12 CITIZEN OF WHAT INDUSTRY TEXT COMPANIES SELECTION OF SELECTION Md darks likk a GNV <u>=</u> pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ξ Vera Keimig Jeremiah Smith and .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address rd "pending" in Chief Medical E (Yes, naroz unknown) (fixes give wor or dotes of service) permit. remayal, Family Same CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE (AUSE (o) Crushing Head Injuries shauld Ward cremation, DUE TO Conditions, if only, which gove (b) te, writing the v farwarded to tl rise to immediate couse (a), DUE TO This certificate stoting the underlying couse 0 lost. 0.5 burnal used ( 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate, NO E agent, priar ta 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH shauld KAL EXAMINER: Driver in auto-fixed object accident MEDICAL 20d INJJRY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page NotWife e of work 19 67 Street Md. Baltimore at work designa\*ed\_ 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x Inquiry . and in my apinian the funeral directar. death resulted from: Natural couses Accident X Suicide Undetermined manner Hamicide be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER |X| SIGNATURE TO DEPUTY 5 may be 100 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Rudiger Breitenecker, M.D. 1/7/67 Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OF CREMATORY

Meddowridge 23d LOCATION (Cly or Town)
Elkridge 23b DATE THEREOF 230 BURIAL, CREMATION, (Stote) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 25g. RECD BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR ATSME (& McCully F # 237 Patapsco Ave JAN 1967 6M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
4 844	CERTIFICATE OF DEATH 00434						
deat deat	1. PLACE OF DEATH a. COUNTY a. COUNTY Baltimore MARYLAND  1. PLACE OF DEATH a. COUNTY B. COUNTY						
24 hours at filled in by the appers. Page	write RURAL and give nearest town)  Baltimore  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Baltimore  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
executed within 24 hours after n and completely filled in by the 1 remove carbon papers. Pages 1 in any event, within 72 hours after	Steater Baltimore   Redical Center   42   IL Chester Are 2018   YES   NO   NO						
rcia pe	Temale Willie WIDOWED DIVORCED 7/22//9 4 7 yrs. 100. USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY?    10						
death certificate be er attending physician a bermit. Then please ra ion, or removal, and in	Mose Dooley  15. WAS DECEASED EVER IN U.S. ABATED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) (If yes give war or dates of service) 216-12-65-09  No. 17. INFORMANT  Medical Records GBMC						
law requires that the deal attending physician, has been signed by the ar e as the burial-transkr bern prior to burial, cremation,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the cause (a), stating the underlying cause last.  (c) Generalized Carcino mato fix  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART 1(a) [19. WAS AUTOPSY]						
IG PHYSICIAN: The by the hospital or a ter this certificate be detached for use tate Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State)						
	21. I certify that (It (this hospital) attended the deceased from Proceedings, etc.)  at work Not While at work 19 at wor						
FO HOSPITAL OR ATTENDING Page 4 may be retained for FUNERAL DIRECTOR. A director, page 3 should be filed with the Should be should	22a. SIGNATURE  Ludhina M. Ofenga M.D. Attending Med. Director Director Dan. 29, 1967  22c. PHYSICIAN'S NAME (Type) LUDILINA N. OTEYZA CHARCES CHARCES But. MD						
TO HO: Page TO FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify)  BIRTAL. 2/T/67  BALITMORE NATIONAL BALITMORE, 1D.  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
VR A15 (4) 20M 1/65	MCCULLY FUNERAL HOLE 237 PATAPSCO AVENUE DATE JA! 31 1967 Polical's Judge						





, 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
4 = = W	41	00433 CERTIFICATE OF DEATH 00436				
24 hours after death filled in by the funeral apers. Pages 1 and 2 in 72 hours after death		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before withinssion)				
after the f		Baltimore MARYLAND MARYLAND BATTIMORE				
s af by t Page Irs a		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)				
hour d lin s. I	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
24 hours after filled in by the papers. Pages hin 72 hours after	56	appoint Relligion Maligar Collection of active street				
ited within completely ve carbon p	- 1					
d windle		3. NAME DF DECEASED (Type or print) C/ARA MAY SPIELMAN DEATH GO. 15 1967				
		5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Jast Girthday) Months   Days   Hours   Min.				
executand and remo		Female White. WIDOWED DIVDRCED 12-12-8/ 85 yrs. Months Days Hours Min.  10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
certificate be e		during most of working life, even if retired) INDUSTRY				
phys	-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
ing There		Jacob Spielman Mary Joseph Phine				
h ce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, mo, or unknown) [(If yes give war or dates of service)]  Address				
e death certific the attording p (toperally Then sation-of remov	4	Unknown Patients Chart				
lat the dian.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH				
hat ician led I		1/27 IMMEDIATE CAUSE (a) A COTO CONTROL OF CONTROL				
attending physician.  has been signed by the attending physician se as the burial transit permit Then please the prior to burial, cremation.		Conditions, If any, which ) DUE TD Writing-scleratio has only disease				
ing ing he been he b		gave rise to Immediate ( cause (a), stating the DUE TO				
law re ttendii has be as th		underlying cause last. (c)				
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  DR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CIAN: The ospital or a certificate hed for use t. of Health	`	YES NO TELE 202. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
PHYSICIAN: The the hospital or a this certificate detached for use e Dept. of Health		20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  CHOCK TO BE THE CONTRIBUTING CAUSE OF DEATH  CONTRIBUTING CAUSE				
PHYSICI the hosi this ce letache		2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (County) (State)   Hour a.m.   While   Not While   at work   At work				
C 0 ~ 7		21. I certify that (I) (this hospital) attended the deceased from Lec. 30 kg, 1966, to fab. 15 kg, 1967, that (I) (we) last				
L OR ATTEND y be retained DIRECTOR: A age 3 should		saw the deceased alive on 15 k 19 b 7, and that death occurred at 130 m M, from the causes and on the date stated above.				
Dis Se ed		Mr. Salelle has go off. M.D. PHYS. □ DIRECTOR □ PHYS. □ 1-15-67.				
ITAL may RAL r, pa	ا ر	22c. PHYSICAN'S 22d. ADDRESS 22				
TO HOSPITAL Page 4 may TO FUNERAL 9 director, pag	-/-	THE GREGOR. Greater backer well at denote				
Pal Pal		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify)  Burial 1/18/67  Prese Trell Cemetery Horzerslaven Med				
•		24 FUNERAL DIRECTOR WILL TO ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE				
VR AI5 (4)	山	Pest Huver France Live of There rand DATE JAN 19 1967 Charles Judge				
2DM 1/65						

- HEHEN N

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00434 FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Raltimore hours after death. MARYLAND Department b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Phoenix c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) € LENGTH OF STAY IN 1b and Phoenix d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS 15 RESIDENCE Office along with form ON A FARM? 3 Glenbrook Drive Waren Road, 4 Mi. E. of York Road in Item 18. Give Pages YES NO F 24 hours after death. 3. NAME OF 4. DATE Lost Month Year within 72 DECEASED 1 19 67 SPILLERS MILTON T. (Type or print) DEATH IF JINDER 24 HRS 5 SEX 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7 MARRIED 🔽 NEVER MARRIED lost bythdoy) Months Dovs Hours White WIDOWED DIVORCED 9/21/24 Male IDo JSUAL OCCUPATION (Give kind of work done ID6 KIND OF BUSINESS OR 11 StRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? poges l in ony U.S.A Georgia Meat Cutter 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME w thin Claude Spillers puo Tula Racklev IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT This certificate should be executed (Yes, no, or unknown) ((If yes give wor or dates of service) removal. Mrs. Velma T. Spillers 3 Glenbrook Dr. 260-03-2152 Yes WW II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ŏ IMMEDIATE (ALISE (D) Cranio-cerebral Injuries e, writing the word farworded to the Ch cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse buriol, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 0 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of Item 18) ogenf, prior PRIMARY S or CONTRIBUTING CAUSE OF DEATH Driver in auto-fixed object accident. 20c TIME OF INJURY Month Dov. Year 2Dd 1N.JRY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stofe) of work of work foctory street off ce blag , etc ) Baltimore Md. moy be retained for your FUNERAL DIRECTOR: Page 1967 Phoenix 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion director. death resulted from Natural couses Accident 32-7 Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASS STANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY DEPUTY MEDICAL EXAMINER 1/8/67 **EXAMINER'S** TO FUNE Health Address (Street, city, town, or county) NAME (Type) Rudiger Breitenecker, M.D. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION. 23b. DATE THEREOF (Stote) REMOVAL (Specify)
Burial Cockeysville, Md. Dulaney Valley Cemetery 1/11/67 2So REC D BY REGISTRAR 24 FIJNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson 1050 York Rd. 21204



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00435 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE 00438 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY , 2, and s ... PM3. Page o. STATE <del>,</del> death. MARYLAND **Department** OR TOWN (If autside corporate CLENGTH OF STAY N 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 WOOD 00 0 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours Office along with form Item 18. Give Pages ate haurs after death with the Sto within 72 h 3 NAME OF Middle DATE Last Year DECEASED OF DEATH 19 (Type or pont) S SEX AGE (in years B. DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days DIVORCED event 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY duy 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within 5 SOP Fle and 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) [(If yes give war ar dates of service) ar remayal, pending" CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) ecute the certificate, writing the word Page 4 should be farwarded ta the Ch This certificate should crematian, DUE TO Conditions, if any, which gave HROMHOSIS rise to immediate cause (a). DUE TO stating the underlying couse burial, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERT F CATION please execute the certificate, NO its designated agent, prior ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of mory in Part or Part II of Item 1B) PRIMARY C or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJJRY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) (County) (State) Haur a.m factory, street, affice bidg, etc.) Not While far yaur FUNERAL DIRECTOR: Page ot wark of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion the funeral directar. 5 may be retained .

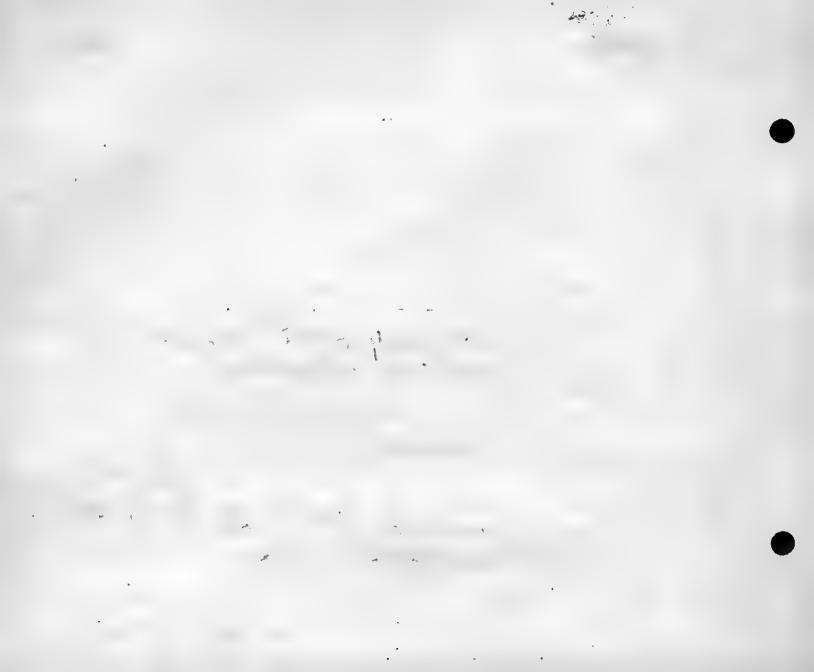
O FUNERAL DIRECTO deoth resulted from Notural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** Address (Street, city, town, or county) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d. LOCATION REMOVAL (Specify) Howard Shepherd Good 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) Strong North Ave. DATE JAN 6M 1/66



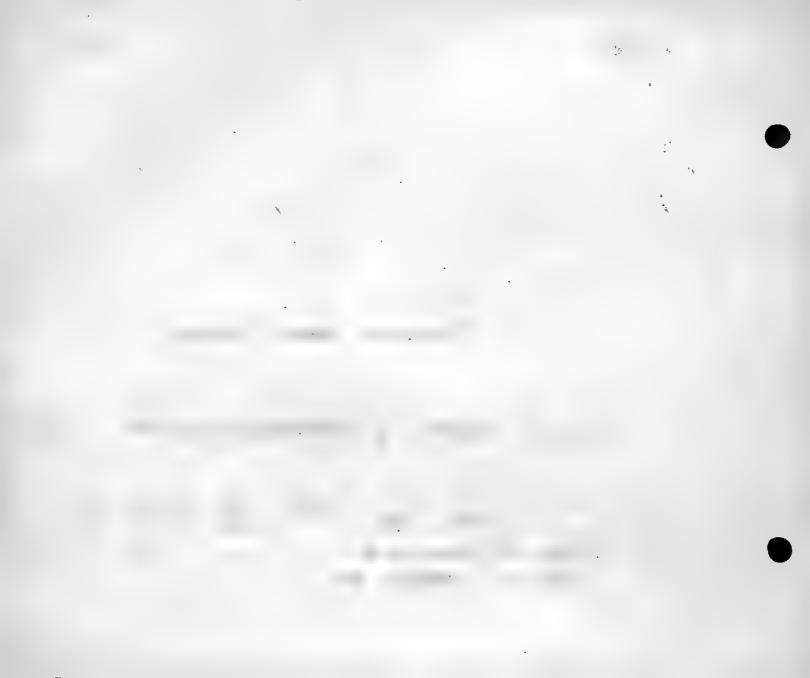
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00439 FOR STATE HEALTH DEPT: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY // detay is and 3 to M3. Noge State Department of BALTIMORE MARYLAND Maryland b CITY DR TOWN (I outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2, and PM3. 1 pup Pikesville d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? g with farm Mellinee Avenue 7118 Walnut Avenue YES NO F haurs after death NAME OF Middle 4 DATE pronounced First Lost Dov Year DECEASED January 25. 1967 (Type or print) DEATH LAURA GEORGIA ANN STEPNEY S SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE AGE ( n years 7 MARR ED NEVER MARR ED 8. DATE OF BIRTH lest birthday) Months Days Hours 2/22/1891 within 72 hours ofter death WIDOWED DIVDRCED Negro Female in Item 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 StRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT cote, writing the word "pending" in pencil in Itel be forworded to the Chief Medicol Examiners Off during most of working life, even if retired) INDUSTRY COUNTRY? be executed within 24 Domestic Work Private Family U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME Georgianna Whiten William Whiten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) [If yes give wor or dotes of service] Mrs Lilliam Hall 7118 Walnut La. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART | DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (6) Arteriosclerotic heart disease This certificate should DUE TO In ony Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, CERT FICATION YES X NO please execute the certificate, 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port L of item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinian moy be retained for FUNERAL DIRECTOR: funeral director. death resulted from. Natural causes X Accident Surcide [ Hom cide Undetermined manner CH EF MEDICAL EXAM NER **ACTUAL** 22. DATE SIGNED ASS STANT MED CAL EXAM NER K prior SIGNATURE TO DEPUTY January 26, 1967 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. FUNE Health NAME (Type) Address (Street, city, town, or county) 23d LOCAT ON (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY DR CREMATORY (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) Burial 130/67 Saint Thomas Cen Randallstown Md. 250, REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS. VR A15ME (5) Herbert E. Nutter 3035 W. North Ave. Balt. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00437 CERTIFICATE OF DEATH 00440 Scion and completely filled in by the funeral places remove carbon papers. Pages I and 2 fond in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town Baltimore 6 Mo. Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4626 Manordene Rd. Ridgeway Manor Home No 3 NAME OF Eirst Middle Lost 4. DATE Month Year DECEASED January STEVENS JULIA BROTHERTON (Type or pont) DEATH S SEX AGE (In years F UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH July 3,1873 lost birthdoy) Hours White Female DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Home during mast of working life, even if retired) Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Sarah Moore Mattingly Morris Cole Brotherton 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) [(If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address this certificote has been signed by the attendiv Jetached far use as the buriol-transit permit. Mrs. Sarah S. Duffy Same 218-22-4254 No 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN tine for (a), (b), and (c) ) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d Poge 4 may be retained by the hospital or ottending physician. DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a), DUF TO as the prior to t stating the underlying cause lost. 19. WAS AUTOPS PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 AEDICAL CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour o.m. Not While 19 at work O FUNERAL DIRECTOR: After 195°O, to 21 I certify that (I) (this hespital) attended the decrosed from\_ and that death occurred of P. M. Com couses and an the date stated above saw the deceased alive on, 22b DATE SIGNED 22a. SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN S 2308 Edmondson Ave. NAME (Type) Christopher Mendelis director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BUY (Specify) Baltimore, Md. Mt. Olivet REGISTRAR'S SIGNATURE **ADORESS** 250. REC D BY REGISTRAR Charlen VR A15 (4) -Wiedefeld Home Inc DATE



1.5	16	×	MARYLAND STATE DEPARTMENT OF HEALTH				
11	. (1/		OCASSON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00441				
	death.		-				
	24 hours after death. filled in by the funeral maers. Pages 1 and 22			PLACE OF DEATH  a COUNTY  a. STATE  b. COUNTY  b. COUNTY	idence before admission)		
	after d the fu			BALTIMORE MARYLAND BALTIMORE			
	S al		Andreas.	write RURAL and give nearest town)	nd give nearest town)		
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	n 24 hours after or filled in by the fu	5%	0	- I I I I I I I I I I I I I I I I I I I	e. IS RESIDENCE ON A FARM?		
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	of the second		-	last birthday) Months D	Days Hours Min.		
	ate be execui hysiciam and c please remov al, and in any			USUAL DECUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT		
	be icial ase		duri	USUAL DECUPATION (Give kind of work done Industry) 12. CITION (Give kind of work done Industry) 12. CITION (Give kind of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	IZEN OF WHAT INTRY?		
	physician n please val, and in		13.	FATHER'S NAME 12. MOTHER'S MAIDEN NAME			
	Till I		त	The Day of The Thirty of the T	BRIEN		
	et de la cet		15,	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT	.0,4.,,,		
	atte atte		(Tes	s, no, or unkown) (If yes give war or dates of service) 218-01-5171 FAMILY - 3316 KAK	E AYE.		
	the ation		ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
	requires that the death certificate be ding physician. Peen signed by the attending physicial the burial-transit permit. Then please or to burial, cremation, or removal, and it			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) RHEUMATIC HEART DISEASE	ONSET AND DEATH		
	tha sicisi al-tr			4/16 X DUE TO			
	phy phy sip buri			Conditions, if any, which \ (b)			
	edul ing ing ing seen te			gave rise to immediate cause (a), stating the DUE TO			
	law requitending has been as the learning to prior to learning to			underlying cause last. (c)			
	r att	1		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
	in The second se	/	FIC	200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO		
	spit erti		ERTI	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	DING PHYSICIAN: The law rest by the hospital or attending After this certificate has being be detached for use as the State Dept. of Health prior				(01010)		
	등 등 등 등 등		MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   While Not W	ty) (State)		
	Sta d by Sta		≝ .	p.m. 19   at work			
	ine on the the			21. I certify that (I) (this hospital) attended the deceased from 1 - 12 , 1967, to 1 - 23 , 1967	C, that (I) (we) last		
	A September 1			saw the deceased alive on 1967, and that death occurred at 2 PM, from the causes and on the 22a. SIGNATURE 22b. DAT	date stated above.		
	DIRE ed v			ATTENDING — MED. — STAFF	23-67		
	TAT may At 0			22c. PHYSICIAN'S   22d. ADDRESS	23 6/		
	SP 4 SP	7		NAME (Type) EVELYN L. RAMOS, M.D.			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore		23a.	DEMOVAL (Conciled)	**		
	1 2 s	B		BURIAL 1-23-6/ MERICE REMORIALE POWARD CON			
		10	24.	FUNERAL DIRECTOR  ADDRESS  — B   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE		
	VR A15 (4) 20M 1/65	B		Jalle Coall 5444 BELAIR Rd. DATE JAN 27 1967 Julian	as Juage		
	20111 17 00		1				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00439 CERTIFICATE OF DEATH cion and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2, and in any event, within 72 haurs after death. requires that the deoth certificate be executed within 24 hours after deoth 2 USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) PLACE OF DEATH b. COUNTY Baltimore o. COUNTY a. STATE timore MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits. c LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 33 Cliffwood Rd. Nursina Home YES NO 3 NAME OF Middle 4 DATE Month Dov Year DECEASED ZMUAR DEATH 2non (Type or pont) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In veors **NEVER MARRIED** leyted rthday) Months April 16, 1891. Doys Hours white cemale X DIVORCED WIDOWED Too USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? USA 11 BIRTHPLACE (County & Stote, or foreign country) during must of working kiezeven if retired) INDUSTRY Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Carson Loretta Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, grunknown) (If yes give war or dates of service) Glen itrm, 11.d. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DÉATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DHE TO stating the underlying couse the hos been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F TO FUNERAL DIRECTOR: After this certificate by the haspital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Haur a.m factory, street, office bldg, etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased from , 19 that (I) (we) last be retoined directar, page 3 should should be filed with the and that death occurred at 4. 40PM fram causes and an the date stated above saw the deceased alive an An 220. SIGNATURE-22b. DATE SIGNED ATTENDING O HOSPITAL OR PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 1/5/67. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23g BURJAL CREMATION (County) (State) REMOVAL (Specify) Moreland Memorial Cem. Baltimore, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR AD DRESS VR A15 (4) 20 M 1/66 Ruck Inc Battimore, lud

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00440 00443 2 death be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND pan papers. Pages 1 within 72 haurs after b CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 marite d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 🔀 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH VANUAM 26 1967 (Type or print 9 AGE (In years 5 SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Months Days Hours W 180 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or fareign country) 12 CITIZEN OF WHAT during most of working ye, even if settred) INDUSTRY **COUNTRY?** certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO law requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service ď crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), DUE TO has been s se as the E th priar tab stoting the underlying cause by the haspital or attending last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health 1 YES X NO this certificate jo 20o. ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20s PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) of work While factory, street, affice blda., etc.) Haur o.m. ID FUNERAL DIRECTOR: After 19 67, ta 21. I certify that (1) (this haspital) attended the deceased fram 3 shauld I with the S Page 4 may be retained 19 67, and that death accurred at 553/1 M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) BURIAL, CREMATION, DATE THEREO! 23c. NAME, OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote REMOVAL (Specify) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00441 CERTIFICATE OF DEATH 00444 The law requires that the death certificate be executed within 24 hours after death. the attending physicion and campletely filled in by the funeral sist permit. Then please remove carbon papers. Pages 1 and nation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission b. COUNTY a. COUNTY b CITY OR TOWN (If outside carporate limits C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) yeurs B IS RESIDENCE d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES 🗍 NO Middle 4. DATE NAME OF Lost Manth Day Year DECEASED OF DEATH 19 60 (Type or pnnt) **IF LINDER 24 HRS** AGE (In years IF UNDER 1 YEAR S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED FP lost birthday) Months Days Hours DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working fite, even if retired) INDUSTRY COUNTRY? DAW FFE 13 FATHER S NAME 551 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address acufor (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) me signed by Page 4 may be retained by the hospital or attending physician. DHE TO buriol Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the prior to for use os WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heofth p AEDICAL CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING I be detoched for Stote Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. factory, street, affice blda, etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram Dec. 18 1967, that (I) (we) last 1944, tadan. plnous 1967, and that death accurred at 450M, from causes and an the date stated above saw the deceased alive an Jan. 22a. SIGNATURE Chiland E. D **ATTENDING** M.D. DIRECTOR director, poge 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) CEMELERY RidER TJESTMINSTER MARYLAND 25b. REGISTBAR'S SIGNATURA 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 1212. VORK VR A15 (4) 20 M 1/66 DATE JA Bm. Cook-BACKIS Md. lowson II.c. TOWSON



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00445 00442 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death signed by the attending physican and campletely fulled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE and campierery remove carbon papers. Pages i BAILTIMORE MARYLAND C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b 47 DAYS BALTIMORE - 21231 FORT HOWARD e IS RESIDENCE ON A FARM? d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS 1906 BANK STREET VETERANS ADMINISTRATION HOSPITAL YES NOC 3 NAME OF Middle 4. DATE Month First Lost Year DECEASED LOUIS KASPER SZYMANOSKI (Type or print) (Ludwik) JANUARY 67 DEATH IF JNDER 24 HRS AGE ( n years S SEX 6 CDLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost pirthdoy) Months Doys Hours MALE WHITTIE AUGUST 18. WIDOWED DIVORCED 100 USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** BALTIMORE, MARYLAND

14. MOTHER'S MAYDEN NAME CLERK BALTIMORE CITY II.S.A 13 FATHER S NAME CECELIA PISARSKI FRANK SZYMANOSKI (Szymanowski) 17. INFORMANT 16. SOCIAL SECURITY NO. Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 213 30 72 24 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) ONSET AND DEATH IMMEDIATE CAUSE (a) CHOLELITHIASIS, INTERMITTENT COMMON DUCT PART | DEATH WAS CAUSED BY UNKNOWN OBSTRUCTION, ASCENDING INFECTION DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO TE NOTPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been stoting the underlying couse as the lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot work 21 I certify that (2) (this hospital) attended the deceosed from 11/18/66 saw the deceased glive on 1/4/67 19 ond that death occur. 1/4/67 , 19 , that (\$\dagger{c}\$ (we) last and that death occurred at 3:154M, from causes and an the date stated above. saw the deceased olive on. 22b. DATE SIGNED 22o, SIGNATURE ATTENDING STAFF PHYS 1/4/67 DIRECTOR M.D. PHYS 22d. ADDRESS MC ELFATRICK, M. D. MAME (Type) GEORGE VAH FORT HOWARD, MARYLAND director, should b 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY . (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jan. 7, 1967 BERMAN HILL RD. BALTO. MD HOLY ROSARY CEMETERY BURTAT 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR SADOWSKI FUNERAL HOME 1967 VR A15 (4) 1808 Eastern Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 72 hours hours Baltimore 21212 Towson filled i papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? St. Joseph Hespital 1103 E. Belvedere Ave. NO X YES within etely completely we carbon NAME OF Middle Last DATE Month Year DECEASED event. (Type or print) 19 67 DEATH Jan. Elmer Tavlor 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Male White 1-27-98 WIDOWED ! DIVORCED [ and in 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT RELEASED BY MEDICAL EXAMINER during most of working life, even if retired) INDUSTRY COUNTRY? Pa.R.R. Virginia. Trainmaster 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing ph Then remova Mary A. Fairborne William B. Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attent t permit. Ь (Yes, Re, or unkown) | (If yes give war or dates of service) cremation. Elizabeth C. Taylor Above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ? INTERVAL BETWEEN ONSET AND DEATH -transi ۵ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured aneurysm of abdominal aorta. signed l DUE TO Atherosclerosis. Conditions, If any, which been gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES X NO F 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. JNJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 19 67 to Jan. 15 , 1967 , that 10 (we) last 21. I certify that (Lithis hospital) attended the deceased from Jan.15 DIRECTOR: Jan. 15 1 1967 and that death occurred at 2:35M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M January 16,1967 M.D. PHYS. тау Da to FUNERAL director, pa should be fil HOSPITAL 22c PHYSICIAN'S ADDRESS NAME (Type) M.S. Cockburn, M.D. 7620 York Rd., Baltimore, Md. 21204 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) (State) Buria] -19-67Parkwood Parkville REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Balta. VR #15 (4) 20M 1/65



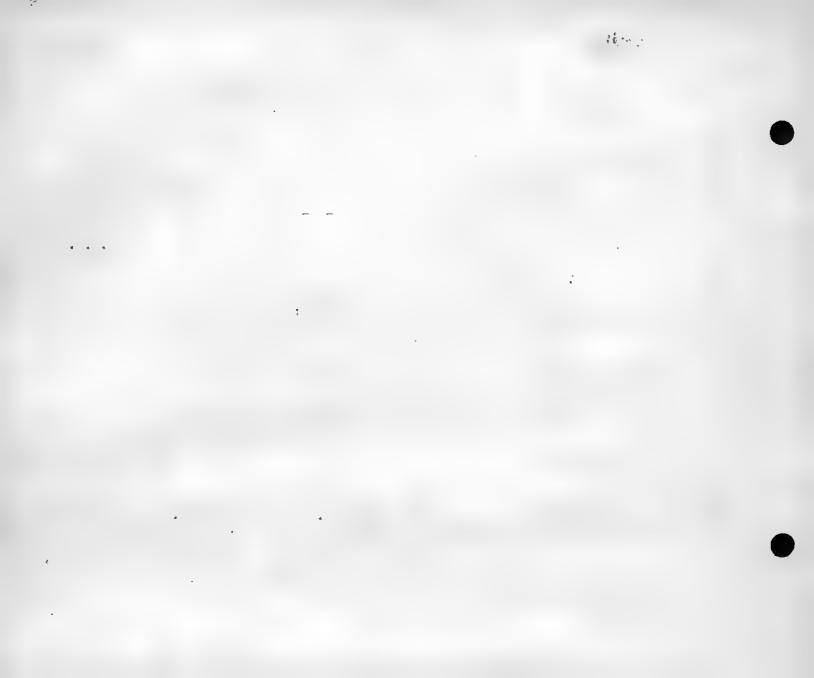


Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 00445 00448 law requires that the death certificate be executed within 24 haurs after death ve carban papers. Pages 1 and 2 event, within 72 hours after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COLINTY b. COUNTY Maryland Harford Baltimore MARYLAND b. (ITY OR TOWN (f autside carparate limits, write RURA, and give nearest town)

Catonsville c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 20 Days Bel Air d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENC ON A FARM Box 282 Spring Grove State Hospital Route YES NOT 3 NAME OF First Middle DATE Doy Year DECEASED
(Type of print) OF DEATH 167 Thompson January Florence 1 YEAR 6 COLOR OR RACE DATE OF BIRTH , AGE (In years IF UNDER 7 MARRIED NEVER MARRIED Months Days Hours 1-27-33882 and in any DIVORCED Female White WIDOWED TX 100 USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast af warking ste even if retired)

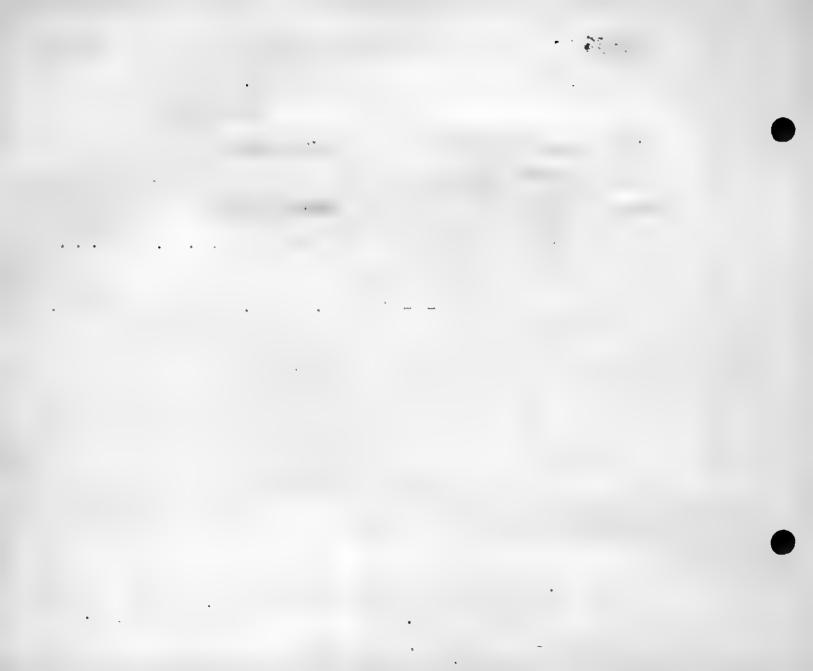
Housewife INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME **ENDROUGH** Beale 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yesano, or unknown) (If yes give war or dates of service) None Records: Spring Grove State Hospital burial, cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the PART | DEATH WAS CAUSED BY ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health NO TY Poge 4 may be retained by the hospital ar ğ 20o ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. While Not While factory, street, affice bldg., etc.) at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Dec. 11 1966 toJan. 2 1967, that (we) last saw the deceased alive an January 2 19 67, and that death accurred at 12:20M, from causes and an the date stated above. 22a, SIGNATURE 22b DATE SIGNED January 2, 1967 director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Spring Grove State Hospital NAME (Type) 230 BURIA., CREMATION REMOVA (Specify) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) emeteru Green. Lion ADDRESS 2So. REC'D BY REGISTRAR 25b. 24, FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Belto. Ald.



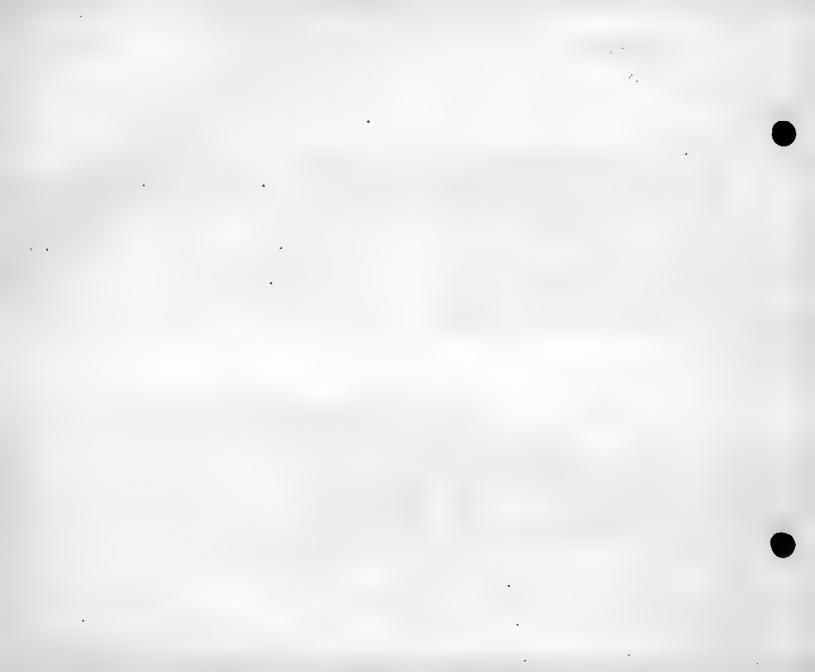
1 (	[/	4		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE,	18
1	Dr.			00446 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 0044
Page directorial			1. 1	ACE OF DEATH COUNTY Baltimore MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institute a. STATE b. COUNTY	
death.	1			CITY OR TOWN (If austide carparate limits, write RURAL and give nearest tawn) Cato_sville	+	RURAL and give nearest tawn)
2 shou	,			NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1523 Kirkwood Rd.	d. STREET ADDRESS 1523 Kirkwood Rd.	IS RESIDENCE ON A FARM2, YES NO
24 hav				AME OF First Middle ECEASED JOSEPH W. Tiller	OF -	18 Day Year
etely fil			5. S			IF UNDER I YEAR IF UNDER 24 HRS Manths Days Haurs Min.
a complete	deoth.		10a.	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INIducing most of working life, even if retired)  Ratired		12. CITIZEN OF WHAT COUNTRY
cate be e siciall an	s after o		13.	Late - Joseph Tillen	14 MOTHER'S MAIDEN NAME  Late - Sarah	
certifi ig phy remov	To have	)	15. (Yes	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. or unknown)   (If yes, give war or dates of service)   212-03-01.55	Mrs. Eva Tillen 1523 Kirkwood Rd.	dress
the death ie attendin	nt within	ĺ		CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]     PART I. DEATH WAS CAUSED BY     IMMEDIATE CAUSE (a)	ewy lung	INTERVAL BETWEEN ONSET AND DEATH
res that red by th ermit. Th	any mve			Canditians, if any, which gave rise to immediate		V
w required in sign on sit p	and II		Z	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPS
The large physical position in the physical phys	emaval		IFICATION		RED. (Enter nature of injury in Part I at Part II of item 18.)	PERFORMED? YES NO
CIAN: attendin	n, or		AL CERTI	DR CONTRIBUTING   CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		15.
PHYS tal ar c this ce	rematic		MFDICAL	Haur a. m. While Nat while of wark of wark	PLACE OF INJURY (Hame, farm, 20f (City or town) factory, street, affice bldg , etc.)	(Caunty) (State
NDING e haspi After iched fe	urial, c			27. I certify that I attended the deceased from July 3 alive an	th accurred at S A M, from the causes a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Re deto	ior to			ACTUAL RELIEVANT GAFFE	ADDRESS (Street, city ar tawn	
retai retai tAL C	stror pri	/		PHYSICIAN'S Kennard Yaffe	5501 Forest Park Ave	A MARKET COMMISSION OF THE COM
O HOSPI may be O FUNER	the reg		22a	BURIAL, CREMATION, 22b. DATE THEREOF Z2c. NAME OF CEMETERY BUT181 1-23-67 Baltimore	OR CREMATORY 22d. LOCATION (City, town, Baltimore	
5 5	Y.		23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
VS A15 (4) 15M 9/5B	1	7		Witzke F. D 4101 Edmondson Ave.	DATE 1 1 1967 17	Charles Indee



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00447 CERTIFICATE OF DEATH 00450 executed within 24 haurs after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) deal o. COUNTY o. STATE **b.** COUNTY papers Pages 1 hin 72 hours after MARYLAND Baltimore b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE ON A FARM? d STREET ADDRESS YES NO F 3. NAME OF pleose remave carban event, with Middle Lost DATE Month Doy Year DECEASED FRANT 1967 (Type or print) DEATH AGE (In years IF TINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Dovs Hours and in any WIDOWED DIVORCED IGa LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CFT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY signed by the attending physicram-burial-tronsit permit. Then pleose Charles Town, W. Va. Auto Mechanic Anto requires that the death certifical 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal. James Tillett Fannie Williams 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address Randallstown (Yes, no, or unknown) (If yes give wor or dotes of service) No Mrs. Annie M. Tillett-3307 Offutt Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO burial. Conditions if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse been 3 should be detached far use as the with the State Dept. af Health priar ta lost. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION this certificate YES NO 200 ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, office bldg, etc.) Not While O FUNERAL DIRECTOR: After director, page 3 shauld be d ot work 21. 1 certify that (1) (this haspitol) attended the deceased from\_ 17-20, 1966, to 7\_, 1962, that (I) (we) lost 19 67, and that death occurred at 25 41M, fram causes and on the date stated above saw the deceased alive on 22o SIGNATURE 22b. DATE SIGNED directar, page 3 shauld be filed v DIRECTOR M D. PHYS PHYS 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Dr. De Joya 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Randallstown, Md. 21133 Mt. Olive ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 1 carles VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown 1967 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00451 CERTIFICATE OF DEATH ond 2 death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) campletely filled in by the funeral lave carban papers. Pages I ond PLACE OF DEATH o STATE Maryland b. COUNTY a. COUNTY Baltimore MARYLAND Baltimore and in any event, within 72 hours after b CITY OR TOWN (If outside compared limits write RURAL and give nearest town)
OWINGS MILLS c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Owings Mills 50 yrs. IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) NO X Rosewood State Hospital 4 DATE OF Day Yeor Middle Last 3. NAME OF Farst DECEASED 67 Todd, Jr. Jan. 19 John Daniel DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Manths Days Hours 9/8/04 WIDOWED DIVORCED White Male 12 CITIZEN OF WHAT 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **COUNTRY?** INDUSTRY pllysician c during most of working life, even if retired) U.S. Somerset - Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Maud E. Kelly John Daniel Todd signed by the attending burial-transit permit. Th rem 16. SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. ar unknawn) ((If yes give war ar dates at service) Records Rosewood State Hospital none directar, page 3 should be detached for use as the burial-transit pen should be filed with the State Dept. af Health priar to burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per Ime for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending OFUNERAL DIRECTOR: After this certificate has been fter this certificate has been be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🖂 secondary 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20d INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram 4-3. 19/7 . to / - 2 , 1967, that (1) (we) lost 19 67, and that death occurred at 10.35 AM, from causes and on the date stated above. saw the deceased alive an 1 - 2 22b. DATE SIGNED 22a, SIGNATURE ATTENDING PHYS STAFF PHYS. M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Jovce M. Bord, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b DATE THEREOF 23a BURIAL CREMATION, REMOVAL (Specify)
CREMATION Baltimore City, Md. Greenmount Crematory Jan. 5,1967 2Sb REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Miarles Wm. Cook- Brooks Inc. 1217 St. Paul St. VR A15 (4) 20 M 1/66

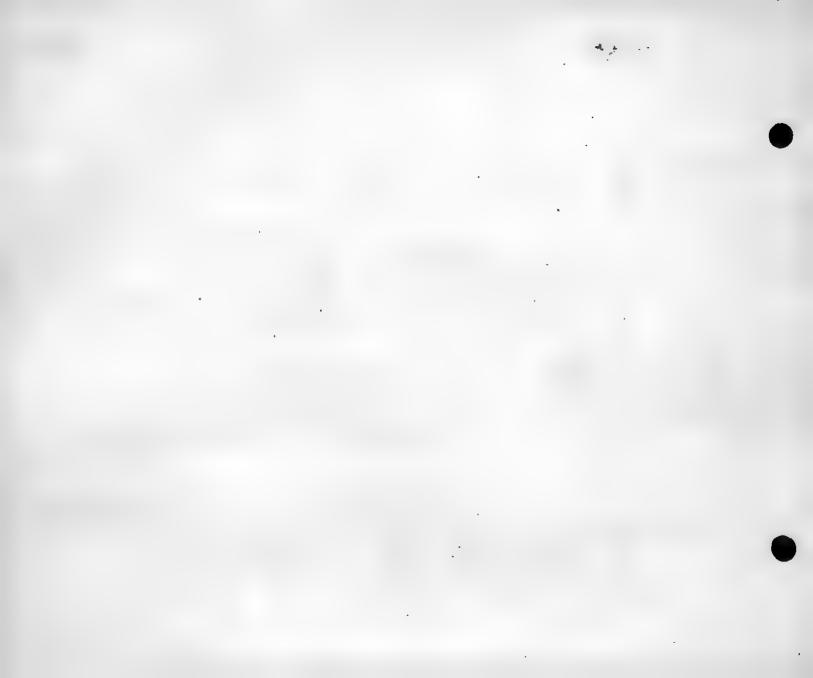


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institut in Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN life outside corporate limits, will KURAL end give nearest fown write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hyspital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO M 3. NAME OF DATE Month DECEASED (Type or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months WIDOWED A IDa. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad A. A. Co., Md. reacher -13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Mara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURTY NO. 17. INFORMANT. (and T.CAffrestlecords) burgh, Pa. Yon (Yas, no, or unkown) (Hyasg vawerordates of sarvica) 216-46-3211 Arthur C. Toner, Jr. King Edward Apt., Pitts-18. CAUSE OF DEATH [En er only one cause per the for [e], (b), and [c,.] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-, , , IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve risa to immediata causa DUE TO (e), steting the underlying ceusa last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? aleter 10 poler oses NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part I of Itam 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERT 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, offica bldg , etc.) While Not While Hour e.m. at work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from ... and that seath occured at ... M. from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE SIGNED DIRECTOR PHYS. MD. 22c. PHYS 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. (Spacify) Lorraine Park Cemetery Woodlawn, Balto. Co., 250, REC'D BY REGISTRAR . 256, REGISTRAR'S SIGNATUS **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Stewart & Mowen Co., 108 W. North Av., City 1 15M 9/60 DATE

Delinert y set is see in the set of the se ं हें Microgeret A Toner Jen Finale W Jan 11 18 2 84 414 Trader - Mayoragher How is the said 0. 4 4 .... house down 1 2 the state of the s 23/3/1 10° 450 145 1 10 1111 M 2200 6 42 10

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY, a. STATE after by the f Pages 1 urs after COUNT b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (of outside corporate limits, write RURAL and give nearest town) we carbon papers. Pagevent, within 72 hours 24 hours 드 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? executed within NO completely NAME OF 3. Middle DATE Last 4. Day Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE MARRIED 5. SEX NEVER MARRIED AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) Months | Days | Hours | Min. Elysician-and can please removed to be and in any country 8 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe. 12. CITIZEN OF WHAT during most of working life, even if retired) JNDUSTRY COUNTRY certificate (5 removal. FATHER'S NAME MAIDEN NAME 교환 attındığı 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT has been signed by the attent as the burial-transit permit prior to burial, cremation, or Address (Yes, no, or unkown) | (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH, requires that the PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES OR ATTENDING PHYSICIAN: be retained by the hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 9:45 AM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. 22b. DATE SIGNED ATTENDING MED. 4 may M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GB BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 196 VR ALS (4) DATE 20M 1/65

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH	ARVI AND
h. 2 al h.		00454
e funeral Thand 2 or death.	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE D. D. COUNTY BA	idence before admission
nours after death d in by the funeral rrs. Pages 1 and 2 thours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH CF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd give nearest town
fille the same	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  BENSECOURS PROVINICAL IDOUSE  MARRIOTTSVILLE, RD.	B. IS RESIDENCE ON A FARM? YES NO X
43 <del>-</del>	3. NAME DE FIRST Middle Lest 4. OATE Month OF OTTO OF THE TAN.	Day Year
any e	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1   Months   D	
1		IZEN OF WHAT
	13. FATHER'S NAME  EDMUND TREACY  14. MOTHER'S MAIDEN NAME  NORA RYAN	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mottle Manual Control of the service of the servi	Sester
transit permit. Then the cremation, or removal	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:    O B AR   PIVE VM O N/H	INTERVAL BETWEEN ONSET AND DEATH
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2 COTIENTS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICA	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (Count factory, street, office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (City or town) (City office bidg., etc.)   Place of Injury (Home, farm,   2Df. (City or town) (City	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from 1965, 19, to 1/3, 1967 saw the deceased alive, on 1/2/67, 19, and that death occurred at 657M, from the causes and on the	
filed wi	22a. SIGNATURE 22b. DAT  ATTENDING MED. STAFF 22b. DAT  M.D. PHYS. MED. DIRECTOR PHYS.	ESIGNED
ed be	22c. PHYSICIAN'S 22d. ADDRÉSS 4804 FRANKRIEK DU	29
1	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count and c	Bed.
bP	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S Tarley Covering Roth - Colonial May DAJAN 13 1967 Icharles	SIGNATURE
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. 1 /-	MAI  Division of STATISTICAL RESEARCE		ARTMENT OF HEALTH W. PRESTON STREET, BAI	LTIMORE, MARYLAN	ID 21201
( %	00452	CERTIFICATE			00455
er death.	1 PLACE OF DEATH  o. COUNTY  BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Where dec o. STATE MARYLAND	h (OHNTY	Residence before admission)
Itin law requires that the death certificate, is executed within 24 havrs after death attending physician. has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remave carban papers. Pages 1 and the priar ta burial, crematian, ar removal, and in any event, within 72 hours after death	write RURAL and give nearest town) FORT HOWARD	1ENGTH OF STAY IN 16 58 DAYS	CITY OR TOWN (If autside corp		2 3.1
filled in papers thin 72 th	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s VETERANS ADMINISTRATION HOSE		d. STREET ADDRESS 2811 DELAWARE	AVENUE	e S RESIDENCE ON A FARM? YES NO
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xecuted campl mave c	S SEX 6 COLOR OR RACE 7 MARRIED A MALE WHITE WIDOWED	NEVER MARRIED 8	3/17/05		UNDER 1 YEAR F UNDER 24 HRS onths Doys Hours Min
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physician physician en please oval, and	13. FATHER S NAME EVERHART TRIPP		14. MOTHER'S MAIDEN NAME ROSA WEBER		
equires that the death certifity physician. signed by the attending phys burial-transit permit. Then p	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA		FORMANT NICAL RECORDS,	Address	MARTAND
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tras should be filed with the State Dept. af Health priar ta burial, cre	rise to immediate couse (o), stating the underlying cause	311011(0111110 11	MILITAL DOLLAROS		13.740
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rsician: The law reaspital or attending certificate has been thed far use as the ort. of Health priar ta	CHRONIC BRONCE  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF		nter nature of injury in Part I ar	Part II of item 18.)	YES NO []
G PHYSICIAN: the haspital or this certificate detached for u	20c. TIME OF INJURY Month, Doy, Year 20d INJURY	OCCURRED 20e PLACE	OF INJURY (Home, form, 201	(City or town)	(County) (Stote)
by the officer that the percent of the percent officer that the percent officer office	Hour a.m. 19 While at wark  21. I certify that (1) (this haspital) attended	at wark	1/7/66 19	, ta 1/4/67	_, 19, that (X) (we) lo
A TTENDING PHYS retained by the has ECTOR: After this ce 3 shauld be detache with the State Dept.	saw the deceased alive an 1/11/67	19, and that	death accurred at 5:1	OPMam causes and	an the date stated above
TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the State	Carmelita ff. Can 22c, PHYSICIAN'S	dans, M.D.	ATTENDING MED DIRECTOR  22d ADDRESS	STAFF PHYS Q	1/4/66
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 should be filed v	NAME (Type) CARMELITA A. CEN	DANA, M. D.	VAH FORT HOW		
Page Page direc	REMOVAL (Specify) BURIAL 1/9/67	BALTIMORE NA	TIONAL BA		(County) (State) RYLAND
VR A15 (4)	24. FUNERAL DIRECTOR	MC CULLY FUN	EMAL HUME LAN !	STRAR 1967 REGIST	PAR'S SIGNATURE Undge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00453 CERTIFICATE OF DEATH 00456 death requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY o. STATE b. COUNTY BALITIMORE MARYLAND MARYLAND within 72 hours after c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, 172 DAYS BALLTIMORE papers. d. STREET ADDRESS 3302 CLARKS filled in S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hasp'tal, give street address) LANE. VETERANS ADMINISTRATION HOSPITAL NO A YES campletely finance carban 3. NAME OF Firs\* Middle DATE Manth Lost Day Year DECEASED (Type or print) BARNEY JANUARY 17 67 S. TUCKER DEATH 19 IF UNDER I YEAR IF JNDER 24 HRS B. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 60 ure Months Days Hours 9/11/06 MALE WHITE WIDOWED DIVORCED 100 JSBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S.A. during most of working life, even if retired) WATCHMAKER and STORE NEW YORK, N. Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remayal, IDA HOROWITZ HYMAN TUCKER 17. INFORMANT WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) 218 22 59 63 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY RIGHT LOWER LOBE PNEUMONIA, UNDETERMINED ORGANISM IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO as the priar tak stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been BRAIN TUMOR, LEFT CEREBAL, UNCLASSIFIED TYPE WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) far use Health p RUPTURE OF MID ESOPHAGUS. BENIGN PROSTATIC HYPERTROPHY NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I ar Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda . etc.) Not While 19 at wark at wark 21. I certify that (IX(this haspital) attended the deceased fram. 7/29/66 \_\_\_, that 本) (we) last **15AM** ram causes and an the date stated abave. and that death accurred at 10 saw the deceased alive an. 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 1/18/67 DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NETION NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) BURIAL (Specify) Maryland Free State Jewish War Veterans 1/19/67 Cemetery Rosedale 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Melianten VR A15 (4) 20 M 1/66 Sol Levinson & Sons Reisterstown Rd. Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland baltimore MARYLAND the funeral 5 may be Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b 21222 Dundalk Dundalk vears d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) defay 1 d 3 to 1 Page State Fairway 24993 Fairway NO X YES 2, and PM3. 3. NAME OF First Middle DATE DECEASED DEATH (Type or print) HARWOOD January 14th 1967 2 with within 6. COLOR DR RACE AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED last birthday) Months, Days mal e white WIDDWED DIVDRCED ( 12, CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CDUNTRY? during most of working life, even if retired) INDUSTRY Mill Wright Tel. Mfgr. USA Marvland ong 13. FATHER'S NAME MOTHER'S MAIDEN NAME Emma K. Knoble George G. Turner File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknwn) | (If yes give war or dates of service) WVIII- KOREA 219 should be executed within word "pending" in pencil is Chief Medical Examiner's permit. removal Loretta H. Turner. ves same as INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and DNSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the ed as a burial, underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES [ 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should ! ent, pri CAUSE DF DEATH. 3 shoulagent, MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work \_\_\_ at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection director. Page 4 should retained for your files.

TO FUNERAL DIRECTOR: of Health or its designa Undetermined manner Accident Homicide death resulted from: Natural causes. CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER XI. Dundalk Md Address (Street, city, town, or county) EXAMINER'S Theodore C. Patterson.M.D. NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) 23d. BURIAL, CREMATION, 1 23b. 00 REMOVAL (Specify) Baltimore Co. Maryland Oak Lawn Cemetery Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE nc., Dundalk. Md. Bradl DATE Brooks ev 3500 4-64



	<b>1</b> ( V )	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10	4 802	00455 CERTIFICATE OF DEATH 00458
6	hours after death. d in by the funeral rs. Pages 1 and 2 hours after death.	1. PLACE OF DEATH a. COUNTY / 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. STATE . b. COUNTY / /
	nours after in by the f s. Pages 1 hours after	Baltimore MARYLANO MICA DALTIMORE
	by Page	write RURAL and give nearest town)
	hour ed in ers. F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADORESS.  e. IS RESIDEN ON A FARM
	n 24 hr y filled papers hin 72 i	Baltimore County General 6628 Sanzo Rd YES NO[
	death certificate be executed within 24 the attending physician and completely filled permit. Then please remove carbon paper tion, or removat, and in any event, within 72	3. NAME OF OCCEASED (Type or print) MILTON WINDOW VEAR DEATH JAN 29 1967
	comple comple ve car event,	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24H
	xecu and emor	WIOOWED OIVORCED 6-27-04 62 yrs. Months Oays Hours Mi
	be ey	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR LIL BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	certifica Idiag-pl Trein remova	David Uhlfelder Rosa ?
	ath certi attendin rmit. Th n, or rem	15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give war or dates of service)  Address  Address  Address
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	The law requires that the deat or attending physician. The sate has been signed by the at use as the burial-transit pernealth prior to burial, cremation.	PART I. OEATH WAS CAUSED BY:
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	lufres en si en si o bur	gave rise to Immediate
	red endings s be s the	cause (a), stating the OUE TO ( / underlying cause last. ) (c)
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED
	CIAN: The la ospital or at certificate h hed for use t. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) DR. OCCURRED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital this certific detached for e Dept. of H	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  C DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYS the h this detac e Dep	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.)   While at work   19   at work   19   19   19   19   19   19   19   1
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	L OR ATTENDING y be retained by DIRECTOR: After age 3 should be iled with the Stal	21. 1 certify that (I) (this hospital) attended the deceased from 1976, to 24, 1967, that (I) (we) is saw the deceased alive for 27, 1967, and that death occurred at 137 M, from the causes and on the date stated abo
	OR AT be rel IRECT ce 3 sl	22a. SIGNATURE 22b. OATE SIGNEO
		M.O. PHYS. DIRECTOR PHYS.
	TO HOSPITAL Page 4 may O FUNERAL I director, pag	220. PHYSICIAN'S NAME (Type) SAMUELV, TOMPAKOV, MD 3600 PARIX HEIGHTS AVE
	Page TO FU direc	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	F F	Burial 1/30/67 Baltimore Hebrew Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	VR ALS (4)	Sol Levinson & Bros. Inc. 6010 Reisterstown DATE FEB 2 1967 Mclarles Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 23b rilm CERTIFICATE OF DEATH certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ician and campletely filled in by the funeral lease remave carbon papers Pages I and and in any event, within 72 haurs after deat PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, DAYS BIVALVE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? physician and completely filled in en please remave carbon papers d STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL MAIN STREET YES 🗍 No 🏋 3. NAME OF First Lost DATE Month Doy Year DECEASED INGOLF VALENTINE 1967 HARRY JANUARY DEATH YEAR S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthday) Months Doys Hours MALE WHITE WIDOWED DIVORCED 13. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR diffind most of working live even fretired) COUNTRY? GRASS RANGE, MONTANA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal. RICHARD E. VALENTINE AGNES RASSMUSSEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death signed by the attendir permit. (Yes, no, or unknown) (If yes give war or dates of service 1955 + 1960 28 CLINICAL RECORDS, VAH. FT. HOWARD. 99 MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (a) 4001 DUE TO THROMBOSIS OF CORONARY ARTERIES UNKNOWN Conditions, if only, which gave nse ta immediate cause (a), **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta ARTERIOSCLEROTIC HEART DISEASE UNKNOWN lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur o.m. Not While at work at wark 2). I certify that (DC(this haspital), attended the deceased from and that death accurred at 7:20AM, from causes and on the date stoted above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 1/23/67 director, page 3 should be filed v M D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/26/67 ARLINGTON NATIONAL ARLINGTON, VIRGINIA BURTAL 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR FUNERAL HOME VR A15 (4) 20 M 1/66 BIVALVE, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00457 CERTIFICATE OF DEATH death executed within 24 hours after death PLACE OF DEATH and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 hours after deat 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE 6 COUNTY BALTIMORE MARYLAND MARYLAND BALTIMORE b CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) h3 DAYS FORT HOWARD BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? NO Y VETERANS ADMINISTRATION HOSPITAL 1827 REDWOOD AVENUE 3 NAME OF First Last 4 DATE DECEASED 19 67 HARRY LEE VAN HORN DEATH JANUARY (Type or print) 5 SEX AGE ( n years IF UNDER 1 YEAR 1F UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months WIDOWED DIVORCED OCTOBER 17. 1894 MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** U.S.A. signed by the attending physician burial-transit permit. Then please FACTORY PITTSBURGH PENNA.

14. MOTHER'S MAIDEN NAME PAYMASTER 13 FATHER'S NAME crematian, or remayal, CLARA HOBURG CORNELTUS VAN HORN VA HOSPEPAL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service) 214 01 36 27 CLINICAL RECORDS FORT HOWARD, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) INTERVAL BETWEEN ESOPHAGEAL VARICES AND ULCERATION WITH HEMORRHAGE ON SHECKING PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO YEARS Conditions, if any, which gave CIRRHOSIS OF LIVER rise to immediate couse (a), DHE TO stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? ed far use a af Health p BRONCHOPNEUMONTA, BILATERAL AND GENERALIZED ARTERIOSCIEROSIS NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20a ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, affice bldg., etc.) Nat While at work at wark , 19 66 to JAN 1 21. I certify that () (this hospital) attended the deceased from NOV 19 . 1967, that (I) (we) lost saw the deceased olive on JAN 1 1967, and that death occurred at 650A M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** director, page 3 should be filed w M.D. DIRECTOR PHYS 22d VAH FORT HOWARD, MARYLAND 22c PHYSICIAN'S JOHN D. TALBERT, M. D. NAME (Type) 23d LOCATION (City or Town) DATE THEREOF (State) BALTIMORE 2Sa REC'D BY REGISTRAR REGISTRAR'S SIGNATURE BURNS FUNERAL HOME 2Sb VR A15 (4) 17 20 M 1/66 lianter 610 YORK ROAD, BALTIMORE, MI



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0046 00461 HEALTH DEPT PLACE OF DEATH deceased lived funstitution. Residence before admission. Poge 3 to ALTIMORE MARYLAND hours after death b CITY OR TOWN (If outside carparate imits CLENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest town) and Write RURAL and give negrest lawn) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e, writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form pencil in Item 18. Give Poges 1, RING GROUE STAFE 4038. 24 hours after death. NAME OF 4. DATE Year within 72 DECEASED IHOMAS (Type or print) DEATH S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED DIVORCED event 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF 8USINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ALTIMOR 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME This certificate should be executed within VICKERS HELEIN 16. SOCA, SECURITY NO 17 INFORMANT WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) [If yes give war ar dates of service) CHART NONE used as a buriol-transit pe burial, cremotion, ar rem INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause penline for (a) (b), and (c).) PART ! DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ONSET AND DEATH BCHIZOPHRENIA BUDON Conditions, if only, which gove PIRATION OF FOOD rise to immediate couse (a) stoting the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPS PERFORMED? NO please execute the certificate. YES | its designoted agent, prior to 200 EXTERNAL CAUSE WAS 206 DESERIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I) of item 18) PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry and in my apinian the funeral director. death resulted fram: Natural causes X Accident . Suicide . Hamicide Undetermined manner 7:00 PM. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 8 JRIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Raltimore Maryland Jan. 13, 1967 Green Mount Cemetery Ralt
ADDRESS 250 RECD BY REGISTRAR Burial 24. FUNERAL DIRECTOR VR A15ME (5)<sup>30</sup> 6M 1/66 STE ART & MOWEN CO., 108 ... North Av., Balto. DATE JAN y Charley Juage

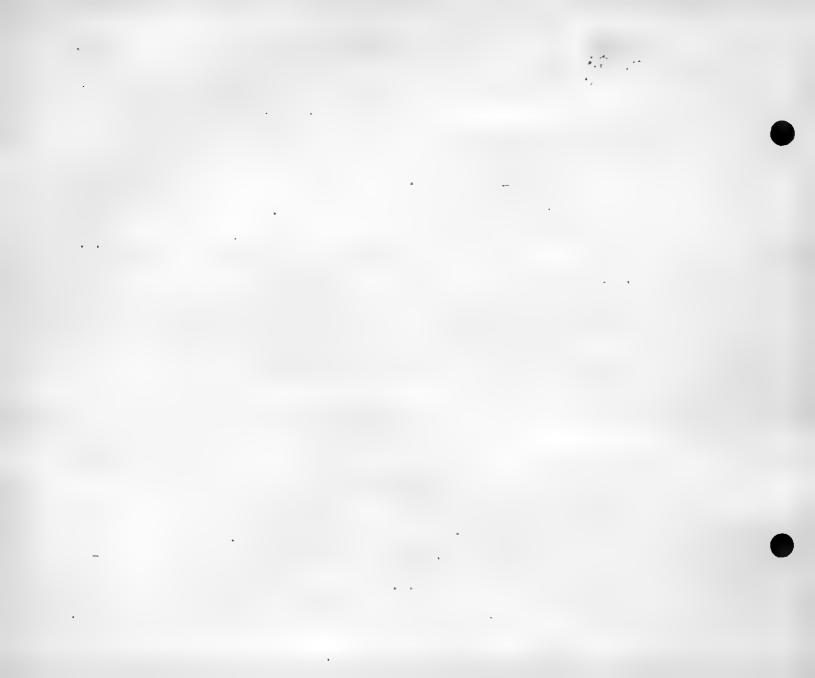


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00455 CERTIFICATE OF DEATH 00462 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o. STATE b. COUNTY BALTIHORE BALTIMORE HARVEAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) BALLIHORE COUNTY MALTINORE COUNT d NAME OF HOSPITAL OR INSTITUTION (If not in hyspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? filled i 8141 LOCHRAVEN BND Loch RAVEN BRO. BALTINGAE YES NO D NAME OF Middle First Last 4 DATE Month Уеаг DECEASED MARY OF THERESA VOELKED 21 19 (Type or print) DEATH IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH last birthday) WHITE 5 18 WIDOWED DIVORCED 90 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? us BALTIMORE HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADAM MUELLED Address 18 ALI (17 6116 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT MARY (Yes, na, ar unknown) (If yes give war ar dates of service) 8141 DOCHRAVEN 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) }
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN CVA ACHTE IMMEDIATE CAUSE (a) DUE TO HUTERTENTIVE CARDIDVALCULAR DISEASE Canditions, if any, which gave ase to immediate cause (a). DHE TO stating the underlying cause as the ARTERIO SCLE ROSIS GENERAL has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? detached far use te Dept, af Health mo NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm, (City or town) (County) (State) Haur a.m factory, street, affice bldg., etc.) Not White 1967, and that death accurred at 1960, to 1/21 19 67, that (I) (we)-last 21. I certify that (1) (this-haspital) attended the deceased from. saw the deceased alive on 1/20 M, from causes and an the date stated above 22b DATE STGNED 22a SIGNATURE Zaneu Lais director, page 3 should be filed a M.D. DIRECTOR PHYS 1967 PHYS 22d. ADDRESS 22c. PHYSICIAN S ATTENDING FUNERAL BELLONA 7028 NAME (Type) MEDIC 23a BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) Holy Redeemer Cem Baltimore. 0 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 7110 Belair Rd. Dippel Bro's. Inc.

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	O HOSPITAL death. Page 4 O PUNERAL director, page	<u>i</u>		BURIAL, CREMA		DATE THEREC	OF I	23c. NAME C	OF CEMETERY	OR CREMATORY	13	-	ION (City, to			State)
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00465 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND MARYLAND ALTI MURIE C TY OR TOWN (1 outside corporate LENGTH OF STAY IN 16 c CITY OR TOWN (I outside corporate limits, write RUKAL and give nearest town) PM3. F write RURAL and give nearest town) BUT OR INSTITUTION (f not in hosp to, g ve street oddress) d STREET ADDRESS e. S RES DENCE ON A FARM? ate De haurs Office alang with form in Item 18. Give Pages 1, 1252 within 24 haurs after death 3. NAME OF DECEASED (Type or print) OF DEATH AV within Ē with K SEX 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED jost birthday) DIVORCED K event TOO USUAL OCCUPATION IG ve kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? gny LAUNDRY WORKER SAUNDRY ARROLL pages in any File 16 SOCIAL SECURITY NO 17 INFORMANT This certificate shauld be executed removal. (Yes, no, or unknown) (If yes give wor or dotes of service 56523 pending forwarded ta the Chief Medi 18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (o) writing the ward cremation, DUE TO SCLEROTIC Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse C3 ENSIDN WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) the certificate, YES -NO 2 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While may be retained tar your FUNERAL DIRECTOR: Page at work ot work designated 21 | certify that I took charge of the remains described above, held an Autopsy | ], Inspection 54 Inquiry X ond in my opinion Notural couses Undetermined monner deoth resulted from-Accident Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral **FO DEPUTY** DEPUTY MEDICAL EXAMINER ò **EXAMINER'S** Address (Street, city, town, or county) 6348 FREDERICH Health , NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION, 50 REMOVAL (Specify) Taylorsville Cemeterv 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6 Waltz Box VR A15ME (5) Sykesville, Md. JAN 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00464 00466 remaval, and in any event, within 72 hours after death. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) law requires that the death certificate be executed within 24 haurs after deat 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND BALITIMORE MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2 1/2 HOURS BALTIMORE FORT HOWARD e. IS RESIDENC d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) attending physician and campletely filled in person person person papers. ON A FARM? 1925 N. DIVISION STREET VETERANS ADMINISTRATION HOSPITAL NAME OF 4. DATE First Last Manth Year DECEASED 9 67 WARFIELD JANUARY F. CHARLES DEATH (Type or print) IF UNDER 24 HRS. 8 DATE OF BIRTH 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 pst birthdoy) APRIL 13, 1902 NEGRO MALE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (County & State, or foreign country) 10p, USUA, OCCJPATION (Give kind of work done during most of working the even if retired)

STREET CLEANER U.S.A. BALTIMORE CITY HARFORD COUNTY, MARYLAND 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME GAROW SHEPHERD JAMES WARFIELD 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. YES WW II INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transition HOETRED DEATH PART I. DEATH WAS CAUSED BY: INTRAPERITONEAL HEMORRHAGE IMMEDIATE CAUSE (a) O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital ar attending physician. DUF TO LIVER CIRRHOSIS YEARS Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause d far use as the af Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port II af item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Nat While at wark 21. I certify that (\*\*) (this haspital) attended the deceased fram. 19\_\_\_\_, that (15 (we) last fram causes and an the date stated abave. and that death accurred a saw the deceased alive an 22b. DATE SIGNED 1/9/67 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, p 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. AALTIMORE NATIONAL BAID IMORE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bullock Funeral Home VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00465 00467 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 haurs after deoth. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYLAND on papers. Pages 1 within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

FORT HOWARD c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmits write RURAL and give nearest town) 133 DAYS BAITIMORE .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled i VETERANS ADMINISTRATION HOSPITAL 2810 ALLENDALE ROAD YES NO TS NAME OF First Middle Lost 4. DATE carbon Year DECEASED
(Type of print) CARL. WARNER 19 67 DEATH JANUARY 8. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED birthdoy) Months Dovs Hours **JANUARY 8,1908** WIDOWED DIVORCED NEGRO 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CRANE OPERATOR COUNTRY? INDUSTRY BALTIMORE. MD. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remaya HOWARD WARNER FLORENCE JENNINGS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service) 219 01 68 89 CLIN. RECORDS, VA HOSPITAL FT HOWARD, MD. YESINTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONE ATHE PART I. DEATH WAS CAUSED BY: CARCINOMA OF LARYNX IMMEDIATE CAUS ABSCESS OF LEFT UPPER LOBE UNKNOWN Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 9 WAS AUTOPSY PERFORMED? YES ... NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART 1(o) PULMONARY TUBERCULOSIS WITH BILATERAL ADHESIONS. CLINICAL CERTIFICATI 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased from 8/31/66 , 19\_\_\_\_, that the (we) las 12:20AM am causes and an the date stated abave Poge 4 moy be reruited of FUNERAL DIRECTOR: and that death accurred at saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS.  $\mathbf{x}$ director, page 3 should be filed v M.D DIRECTOR PHYS. 22d. ADDRESS JOHN D. TALBERT, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) (County) MQYAL (Specify) BALTIMORE NATIONAL BALTIMORE. MD 25b REGISTRAR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Melanes FUNERAL HOME



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		DIVISION OF VITAL RECORDS, 301 W. PREST		
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t within n pencil Examine F le pag 2 haurs	<u></u>	John R. Weaver	Marie M. Meckes	
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e executed pending" ir ef Medicol isit perm;t		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	9 Weaver 1913 14010	INTERVAL BETWEEN
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INER: 1 e certific should b files. 3 shauld iran, ar r	1	CAUSE OF DEATH.		16
MIN the 4 sh ur fil	MEDICAL	20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCJRRED 20e PI While Not While fc	LACE OF IN. URY (Hame, farm 20f (City or town) actory, street, office bldg., etc.)	(Caunty) (State)
L EXA cecute Page for you R. Pag		21 I certify that I taak charge of the remains described above, t	held an Autapsy 🗶], Inspection 🗍, Inq	uiry . and in my apinian
_ <del>Z</del> × · · · o b		death resulted from. Natural causes 🗵, Accident 🔲, Su	uicide 🔲, Hamic de 🔲, Undetermined n	nanner 🗌
MEDICAL EXA please execute and director. Page refained far you L DIRECTOR: Page or to burial, crement of the purity of the purit		ACTUAL CLASSIC CONTRACTOR	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE COLORS S. Sp. Fat	M.D. ASSISTANT MEDICAL EXAMINER (A)	
ro beputy in necessary, p. the funeral 5 may be re 0 funeral Health prior		EXAMINER'S Charles S. Springate, M.D.	Address (Street, city, tawn, or caunty)	nuary 16, 1967
necessa the funda 5 may 10 FUNE Health	230	BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O		4 1
	-	FUNCAL 1-19-67 Viondlawn  FUNERAL DIRECTOR  ADDRESS	Cemetery Baltimore	FOISTBAR S SIGNATURE
VR A15ME (5)	1 2	eonard J. Ruck Inc Baltimore, Mc	d. 25 of RECD BY REGISTRAR 3 1967	Jelianles Judge



NO STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 6 COUNTY MARYLAND 22 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO moletely NAME OF DECEASED OF (Type or print) DEATH 196/ George 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months Hours WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State or foreign country) done during most of working life, even if retired) Color Matcher Davis Paint Co. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otto Weibe Bessie M. Carson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Margaret R. Weibe, 1920 Wilmington Ave. 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: CULTR IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO V 208. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, [Enter nature of njury in Part II or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 1966, to 1 = 16 , 1962, that (1) (we) last saw the deceased alive on. 22a. SIGNATURE 22b. DATE **SIGNED** ATTENDING DIRECTOR PHYS. M.D. with 1 22d. ADDRESS 22c. PHYSICIAN'S filed v 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slefe) REMOVAL (Specify) Baltimore, Maryland Loudon Park Cemeterv 0 Rurial 258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) <sup>4</sup> 21229 1SM 7-62 Howard H. Hubbard, 4107 Wilkens Avenue



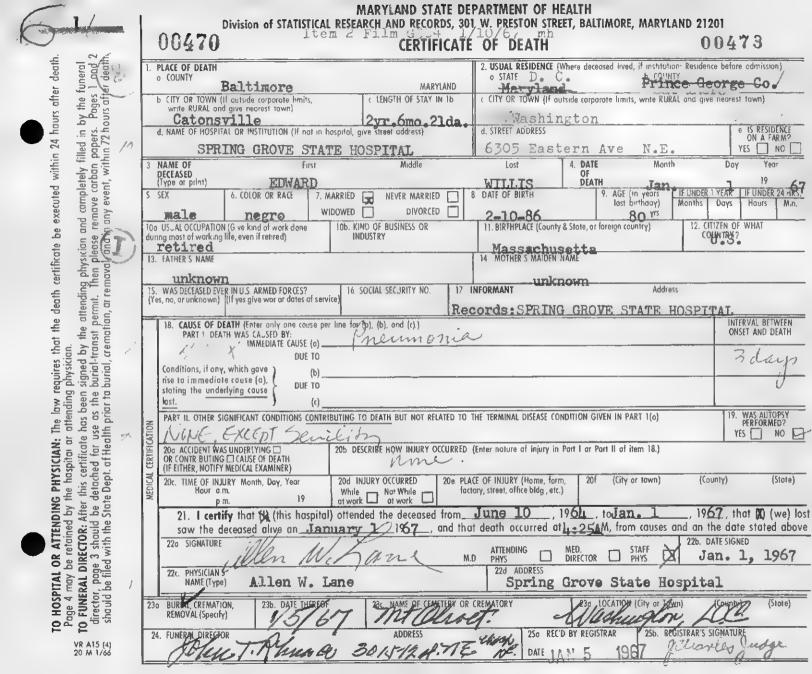
1			I <b>ARYLAND STATE DEP</b> RECORDS: 301 W. PRESTO	ARTMENT OF HEALTH ON STREET, BALTIMORE, I	MARYLAND 21201		
FOR STATE	00468		DICAL EXAMINER'S	CERTIFICATE OF D		0047	3.
HEALTH DEPT	D. COUNTY	Etc.	MARYLAND	2 USUAL RESIDENCE (Where of STATE ZULU)	leceased ived, if institution b (OJNT)		lmission)
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MINER: Thir the certificate 4 should be ur files.  In 8 should be a 3 should be notion, or rem	PRIMARY I or CONTRIBUT	ING 🗆			20t (City ar town)	(County)	(State)
MEUTCAL EXAMINER: This please execute the certificate, director. Page 4 should be foretioned for your files.  DIRECTOR: Page 3 should be user to burial, cremation, or remover to burial.	Hour a.m.	19 While	e Nat While for	tory, street, affice bldg., etc.)			
DEPUTY MEDICAL EXAM sessory, pleose execute ithe e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR. Page	deoth resulted fro	,	emains described above, hi	cide , Hamicide ,	pection [_], Inquir Undetermined mor		my opinior
TY MEDIC.  y, please eral director e refained AL DIRECT	ACTUAL SIGNATURE	Kroiles	7 Ordon	ASSISTANT MEDICAL EXAMINATION OF THE PROPERTY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	AMINER -	/ 22.	DATE SIGNED
O DEPUTY MEDICA necessory, please es the funeral director. 5 may be retained O FUNERAL DIRECTO Health prior to burn	EXAMINER'S NAME (Type) CHAR  230, BURIAL, CREMATION,	LES F. O'DC	NNELT M.D.	Address (Street, city, 1	_	(Cashity)	(State)
2 2	24 FLNERA, DIRECTOR	1/10/67	Sut. Fro	2Sa REC D BY RI		STRAR S SIGNATURE	0./14
VR A15ME (5)(1)	4 & Poplation	ant -1701)	Mi Culla	G ST DATE JAN	10 1967	Clianles	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00469 00472 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter death attending physicion and completely filled in by the funeral permit. Then please remove carban papers. Pages I gnd PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Paltimore Maryland MARY! AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Owings Hills . Mil. VI'S. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Owings Wills . Md . Chattolanee Hill YES NO TO NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED Bostick Whitman rdward January 20.1957 (Type or print) DEATH 9 AGE (In years JE UNDER I YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost, birthdoy) Months Doys. Hours Male White Nov.6. 1888 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RECULTEU 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY\_ COUNTRY? Janking Washington, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles S. Whitman Nancy deSaurre Bostick WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (If yes give wor or dates of service) ö Mr. Edward D. Whitman, Owings Mills. Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **buriol-tronsit** IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been ‡ 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES j 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21 I certify that (I) (this haspital) attended the deceased fram Fig. 1948, 19 468 to 3cm 26, 1961, that (I) (we) last saw the deceased alive an 4cm 25 1967, and that death occurred at 313PM, from causes and on the date stated above. 226. SIGNATURE ATTENDING MED. DIRECTOR director, page 3 shauld be filed v M.D PHYS 22d. ADDRESS 22c PHYSICIAN'S PHYSICIAN'S PAIMER 230 BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Jan. 28. 1967 St. Thimas Cemetery Owings Mills Md. 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DATE, A







11. 15. 71	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00471 MIDICAL EXAMINER'S CERTIFICATE OF DEATH 00474
HEALTH DEPT.	1 PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution; Ras dance before edmiss or
of of	Baltimore MARYLAND MARYLAND MARYLAND Baltimore
file ent	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest hown)
acto our our martin	write RURAL and give neerest town) Essex (21) Essex (21)
Ciry Sept	d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, giv sheet at dress distribution). IS RESIDENCE
2 8 . 7/	Box 272 Holly Neck Rd. Box 272 Holly Neck Rd.
S affa	3. NAME OF Frst Modd Last 4. DATE Month Day Year
the the cours	(Type or print) CHARLES JAMES WOLFE DEATH January 12 19 67
transport of the state of the s	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED '8. DATE OF BRTH  9. AGE (In years   F UNDER 24 HRS.   Just birthday)   Months   Dave   Min
and and 2 v	Male White WIDOWED DIVORCED Sept. 14, 1900 66 yrs Months Days Hours Min.
afte 7,2, 9e 5 and with	10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if raired)  12. C TIZEN OF WHAT COUNTRY
Pag Pag Is 1	Huckster Produce Maryland USA
A h Pag W3.	13. FATHER'S NAME
in 2 Sive in Pl	William Wolfe Lula Bradyhause
A Section 1	15. WAS DECEASED EYER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT  [Yas, no, or unkown] [Hyasgivawarordalasofservice]
P E E	No - 218-03-8781 Margaret Wolfe Same
in ly serve	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
alor smo	PART J. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CORONAY OCCUSED.
d ber	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORMAN OCCURRENT  Conditions, I only, which  (b) A-S-C-V-D ISEA SE
in Offi	Conditions, I any, which ) (b) H-J-C-V-D/JEdse
ding sling sler's as a sa a sa ici	gava rise to immediate cause  (a), stating the underlying  DUE TO
fice sed sed	cause last. (c)
Exe us al, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.
Most wood work work work work work work work work	YES NO
About the to	20b. DESCRIBE HOW NJJRY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
ting hief hief e 3 prior	CAUSE OF DEATH.  Z Do TIME OF NJURY Month, Day, Year   2Dd. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State)
wri wri Page nt, p	Hour e.m.   While Not While   factory, street, office bldg , atc.)
ager	₹ p.m 19 sar work ar work
AL De Lo	21. I certify that I took charge of the remain described above, held an Autopsy, Inspection Inquiry and in my opinion death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined manner
OIC cer arde arde gnal	death resulted from: Natural causes M. Accident Suicide J. Homicide J. Undetermined manner J.
DIR	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
TAT ITS	SIGNATURE DEPUTY MEDICAL EXAMINER TO
exe exe of b	NAME (1990) M. B. Davis, M.D. 6800 Mornington Rdad Dundalk and Michael January 12, 1967
DEP shou FUN	22e. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or country) (5181a,
0 g 4 0 T	Burial 1/16/67 Parkwood Cemetery Baltimore, Md.
VR A15ME	23. FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE
5M 1/62	Bruzdzinski Funeral Home 1407 Eastern Ave. #21 DAME JAN 16 1967 Schanles Judge
1 1	



1,	7		DIVISION OF STATISTICA	AL RESEARCH AND RECORD	S, 3'DI W. PRESTO		ORE 1, MARY	LAND 1475
funeral should	VI)		PLACE OF DEATH	The state of the s	2. USUAL RESIDENCE	E (Where decresed lived, If it		before admission
hours and 2	<u></u>		b. CITY OR TOWN (if outside corporete limits write RURAL and give nearest town)	ts, c. LENGTH OF STAY IN Ib	a. CITY OR TOWN (H	outside corporete limits, write	L 101°3 RURAL and give no	erest town)
in 24 d in b ges 1 a		—	Catonsville  J. NAME OF HOSPITAL OR INSTITUTION (II	Life if not in hospitet, g ve street eddress)	Catons d. street Address	sville	-63	. IS RESIDENCE
el . Pa		3	77 inters Avenue	Middle		- Avenue Month	Dey	YES NO X
omplet in 72			(Type or print) Charles	C. 700	dl nd	DEATH TONUS	y-9 th.	<b>19</b> 67
and carbor			Male Col.	7. MITACION ESTATEMENTO	ctober-9th-	9. AGE (In yeers last birthday)	Months Days	Hours Min.
h certificate physician se remove n any ever		do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired Hetierd NAME	Tone	TI. BIRTHPLACE [County  Catonsv: 14. MOTHER'S MAIDEN N	ille	U.S.	WHAT COUNTRY
uires that the deat rsician, d by the attending permit. Then plea,	(1		Phillip Woodlan  was deceased ever in U.S. armed force, no. or unkown) (Byesgivewarerdetesese)  18. CAUSE OF DEATH (Enter only one of the part I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	(CES7 16 SOCIAL SECURITY NO., 17 II	Sar <u>ah</u> NFORMANT Icille _Ceph	Lee Address Sa	ame	RVAL BETWEEN SET AND DEATH
HYSICIAN: The law recent hospital or attending phase certificate has been significate use as the burial-transit prior to burial, cremation	3	CERTIFICATION	OR CONTRIBUTING ( ) CAUSE OF DEATH	Aupertensise.	/	AL DISEASE CONDITION GIVE		7. WAS AUTOPS) PERFORMED? ES NO
NDING P sined by the E. After the detached t. of Health		MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey. Yea Hour e.m. p.m. 19	While Not While fact	ory, street, office bldg., etc.)		(County)	(Stete)
OSPITAL G. TITE h. Page h. Page h. Page tor, page 3 should be led with the State Dep			21. I certify that (I) (this hospits saw the deceased alive on		death occurred at/2,2  ATTENDING ME PHYS. DIR  22d. ADDRESS	DM, from the causes a	7, 19.6	at (I) (we) to stated above
death. TO FU			BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)		r Cemetary	Catonville  D BY REGISTRAR   256. REC	1.er;	
VR A15 15M 7		24	Stetson D. :ilso	on 503 Forth Call	noun Standan	1 1 6 1967 90	Charles J	udge

et.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00473 00476 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY n STATE b. COUNTY 0 Baltimore MARYLAND Maryland b. CIY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 c C.TY OR TOWN (If outside corporate limits, write RERAL and a ve nearest town) puo ond 2 with the State Deportme write RURAL and give nearest town) 10 days Sparks 21152 Towson d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) form Walters Lane YES NO TX St. Joseph Hospital Item 18. Give Pages be executed within 24 hours ofter death Office olong with NAME OF Middle Lost 4 DATE Month Year DECEASED OF DEATH WOODWARD 67 January Lillian (Type or print) F INDER 1 YEAR B. DATE OF BIRTH 6. COLOR OR RACE 7 MARR ED 9 AGE (In years NEVER MARR ED lost bytodoy) Months Dovs Hours White January 23,1901 72 hours ofter death. WIDOWED 😿 D VORCED Female 11 B RTHPLACE (State or foreign country) 1Do JSJAL OCCUPATION (Give kind of work done 1Db KIND OF BLS NESS OR 12 CT ZEN OF WHAT U.S.A. during most of working life, even if retired) INDUSTRY Maryland not employed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry Walters Daisy Bell Shoppert 2 16-SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of server pending" within 212-07-6262D Mrs. Vivian Corbin Same as 2-D 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY ony Ilvent IMMEDIATE CAUSE writing the word This certificate should DIE TO Conditions, if ony, which gove rise to immediate cause (a), ⊑ DUE TO stating the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUT removol, CERTIFICATION YES 🗶 NO 2Do EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port L of tem 18) 3 should PRIMARY OF CONTR BUTING Ŏ, EDITAL EXAMINER: CAUSE OF DEATH MEDICAL (Stote) 2Dc T ME OF NJLRY Month, Doy Year (City or téwn) (County) Not While - foctory, street, office bidg, etc.) of work 21. I certify that I took charge of the remains described above. reld on Autopsy Inspection Induity. ond in my opinian FUNERAL DIRECTOR: death resulted 120m: Natural causes Homicide Undetermined manner CHIEF MFD CAL EXAMINER 22. DATE SIGNED #SS STANT MED CAL EXAM NER DEPUTY MFD CAL EXAM NER NAME (Type) CHARLES Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 50 BELLOVA (Specify) Jan. 7,1967 Dulaney Valley Cemetery Cockeysville, Maryland 25b REGISTRAR'S SIGNATURE 25g RECD BY REGISTRAR 24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 1050 York Road VR A15ME (5) Charley Judge Towson, Maryland 21204 DATE JAN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 98474 CERTIFICATE OF DEATH death. The low requires that the death certificate be executed within 24 hours after death signed by the attending physicion and completely filled in by the funeral buriol-transit permit. Then please remove carbon, papers. Pages I and I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE b COUNTY Baltimore papers. Pages 1 (in 72 hours ofter MARYLAND Maryland c CITY OR TOWN (if autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 21234 Baltimore 00 darre d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 2428 Harwood Road St. Joseph Hospital NO S 3. NAME OF First Middle Lost 4. DATE Day Year DECEASED
(Type or print) January 24 Wright DEATH 15 19 67 Elmer Howard 5. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS. lost birthdoy) Manths Davs Hours 10-28-13 Male White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast af warking life, even if retired) industry ts &Crafts COUNTRY? Mater Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) right 2/29 - proved Road 212-07-5673 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Arteriosclerosis of Aorta IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion DUE TO Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO ficate hos been s for use os the b f Heolth prior to b stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K this certificate 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour om factory, street, affice bldg , etc.) Nat While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Jan. 2nd 670 Jo Jan. 244 , 107, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 10 and that death accurred at M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED Jan. 24 由 1967 ATTENDING MED. DIRECTOR Pari depo nere M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Pridipongse Vithespongse M.I.7620 York Road Towson 21204, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOYAL (Specify) Gardens of Faith Cometeny Baltimore -27-1967 ריינולי 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00475 CERTIFICATE OF DEATH 24 hours after death. death by the funeral . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? the attending physician and campletely filled in sit permit Then please remove carban papers 1725 THOMAS AVENUE VETERANS ADMINISTRATION HOSPITAL NO XX requires that the death certificate be executed within NAME OF First Middle Lost 4 DATE Month Yeor Day DECEASED ÛF WILLIE GRIM YANCEY 19 67 **JANUARY** (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH lost birthdov) Months Dovs Hours and in any WIDOWED DIVORCED JUNE 14. 1919 MALE NEGRO 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY DISHWASHER GRANVILLE. N.C. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME crematian or remayal, CHARLIE YANCEY HATTIE WILKERSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give war or dates of service) YFS 240 24 97 CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CARCINOMA OF LARYNX WITH METASTASES IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO has been s se as the t th priar ta b stoting the underlying couse ar oftending lost 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use , Health p STATUS POST LARYNGECTOMY AND RADICAL NECK DISSECTION YES TY NO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work pt work 21. I certify that () (this hospital) attended the deceased fram 9-28 19 66 to 1=1 , 19.57, that (V) (we) lost director, page 3 shauld should be filed with the 19 67, and that death occurred at 4:56 m, from causes and an the date stated above. saw the deceased alive on JAM 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 1/3/67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. "PHYSICIAN'S NAME (Type) MILTON GINSBERG. VAH FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
BURTA BALTIMORE, MD. BALTIMORE NATIONAL 25b. REGISTRAR'S SIGNATURE FLINERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) ODEN FUNERAL HOME 20 M 1/66 1301 Presuman Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00480 00477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2: USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY MARYLAND Baltimore c. LENGTH OF STAY IN 1b Baltimore 12 d. STREET ADDRESS 505 Regester Ave. Regester Ave YES Middle 4. DATE Last Manth Zito Salvatore DEATH 6. COLOR OR RACE IF UNDER 7. MARRIED AGE (In years NEVER MARRIED birthday) Manths W WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Meat Meat Italy 14. MOTHER'S MAIDEN NAME Rose Fertitta

the State Department af Baltimore b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? NO IX 3. NAME OF Year DECEASED 67 Type or print' 19 and 2 with S. SEX IF UNDER 24 HRS Hours death. IDa. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Shop Owner
13. FATHER'S NAME Frank Zito File hou IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT åddress any event within Mrs. Minnie M. Zito Above No1B. CAUSE OF DEATH (Enter only one couse pp line for (a), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove nse to immediate couse (a), and in DUE TO stating the underlying cause ø last removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YES pe 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Dor CONTRIBUTING D Б CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) Not While Haur a.m. While factory, street, affice blda., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER

WAS AUTOPSY PERFORMED? NO and in my opinion 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Charles F. O'Donnell Health Address (Street, city, town, ar county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 1-5-67 Balto. New Cathedral Md. ADDRESS 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE H.W.Jenkins

VR A15ME (5)

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a. COUNTY

Page 0

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Office

the Chief Medical Examiner's

delay

and P.M.3.

in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 haurs

please execute the certificate, writing the word

MEDICAL EXAMINER:

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funeral directar.

&Sons Co. 4905 York Rd., Baltonare

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